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A visual ethnographic study on nurse lecturers' enactment of compassionate care within the adult pre-registration nursing curriculum

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Dedication

I would like to dedicate this work to my mum, dad, husband, children and grandchildren who have shaped my life journey personally and professionally.

Acknowledgements

From the outset, I would like to acknowledge all the participants who agreed to take part, sharing their perspectives and experiences on compassionate care. I am thankful and appreciate your contributions in helping to shape the findings of this study.

I am thankful to my husband Jonathan for always being there, providing tireless support throughout the up and downs of this doctoral journey. My children, Melissa and Matthew, who have kept me on track and have provided a welcome distraction of my four grandchildren. I am indebted to my beloved mum and dad for believing in me and their everlasting love. I acknowledge my sister and brothers for their support, and for just being there to talk to and have a laugh.

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Abstract

Aim of the study: To explore how compassionate care is enacted within the adult pre-registration nursing curriculum (APNC) by Nurse lecturers (NLs).

Background: Compassionate care is rooted in the nursing profession and there is a general assumption that nurses are compassionate to those they serve. There has been much debate on whether compassionate care can be taught or is it innate to individuals. There are a number of studies that explore the experiences of student nurses, patients and healthcare professionals. However, there are a limited number of studies exploring NLs' experiences, attitudes and behaviours. This thesis explores NL's perspective of their performance of compassionate care within APNC. This has an important impact on the pre-registration nursing education of student nurses and future care delivery.

Methodology: A qualitative approach was applied using purposeful sampling to recruit nine participants. A visual ethnographic methodology was employed, using auto-driven photo-elicitation interviews. The same nurse lecturers were then invited to a focus group to develop individual and collaborative concept maps, of which five attended. Data was collected between March 2017 to August 2018.

Findings: This interpretative study revealed five emergent themes: (1) compassionate care; (2) compassionate people; (3) compassionate

curriculum; (4) compassionate culture (5) compassionate lens. A framework has emerged which informs pre-registration nursing education and health services. The themes are also represented in the photographs, concepts maps, an atlas of compassionate care within the adult preregistration nursing curriculum , and the map of compassionate care.

Conclusion: In summary, this study represents the complexity of how compassionate care is performed by NLs in their role in supporting and developing student nurses. The individual and shared experiences of NLs highlight the numerous ways compassionate care is experienced and performed. The identified themes demonstrate the many opportunities available for all levels of staff to be compassionate in their role to those in need. It is hoped that the impact of this may drive up standards and delivery of compassionate care in healthcare services and nursing education.

Originality: This study contributes a comprehensive analysis of the performance of NLs in compassionate care in the APNC. Using a visual ethnographic methodology provided a thick description of the experiences of NLs, therefore adding to the body of knowledge in the understanding and delivery of compassionate care in nursing education. The infusion of photographs, concept maps and dialogue give insight into the multiple ways NLs experience and perform compassionate care. It is anticipated that the findings offer a valuable insight to how higher education institutions, healthcare organisations and researchers can shape compassionate nursing practice both locally and nationally.

List of Abbreviations:

There are a number of abbreviations used throughout this thesis, the list below supports the reader's understanding of their use.

ABCDE	Airway, Breathing, Circulation, Disability and Exposure
ADPE	Auto-driven Photo-elicitation
ADPEI	Auto-driven Photo-elicitation Interview
ALLEA	All European Academies
ARC	Annual Research Conferences
APNC	Adult Pre-registration Nursing Curriculum
CQC	Care Quality Commission
CASP	Critical Appraisal Skills Programme
CINAHL	Cumulative Index to Nursing and Allied Healthcare Literature
DH	Department of Health
DHSC	Department of Health and Social Care
EBSCO	Elton B. Stephens Company
HCP	Health Care Professionals
HEE	Health Education England
HEI	Higher Education Institution
MEDLINE	Medical Literature Analysis and Retrieval System Online
NHS	National Health Service
NICE	National Institute of Health and Care Excellence
NL	Nurse Lecturer
NMC	Nursing and Midwifery Council
PE	Photo-elicitation

PEI	Photo-elicitation Interview
PPE	Personal Protective Equipment
Pub Med	Public/Publisher Medline
RN	Registered Nurse
SPIKES	Setting, Invitation, Knowledge, Emotions, Strategy and Summary
SUCCESS	Service Users and Carers Contributing to Educating Students for Service
StN	Student Nurse
TILE	Task, Individual, Load and Environment
UK	United Kingdom
UKRI	UK Research and Innovation
UKRIO	UK Research Integrity Office
VBR	Value Based Recruitment

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Chapter 1: Introduction

1.1 Outline

This chapter provides an introductory context of compassionate care within nursing and nurse education. The purpose of the study, its aims, objectives and questions are introduced to outline the boundaries of the research. The thesis structure offers readers an overview and the ability to navigate their way around the study. There is a reflexive account at the end of each chapter, which was fundamental in refreshing my thinking and positionality; therefore, exposing my gaze on the research process.

1.2 Introduction and context

There are people all around us who endure suffering at some point in their lives which has been accentuated by the recent coronavirus pandemic (Brown, 2020). The secret to alleviating suffering, I think, is the ability to reflexively look inwardly and outwardly to connect to meeting the needs of people in a compassionate way. This requires an immersion into the suffering of another in a time of need to produce an appropriate outcome that is compassionate. That said, compassionate care is a core value for the provision of healthcare services (Chambers and Ryder, 2009) and involves making moral choices (Von Dietze and Orb, 2000). It is clear that compassionate nursing care can improve patients' experiences and the quality of care (DH, 2012; Baughan and Smith, 2013) and is monitored by regulators (CQC, 2015) and governing

bodies (NMC, 2018a). Cultivating compassionate care is the responsibility of those involved in care. Given the increased expectation from patients and a need for a deeper understanding of key behaviours (Sinclair *et al.*, 2016a), a more compassionate, and person-centred care approach is required by student nurses (StNs) and registered nurses (RNs) who join the profession (NMC, 2018a).

Historically, compassionate care has always existed in various guises and been depicted as favourably. The story of the Good Samaritan comes to mind, which depicts a Samaritan alleviating the suffering of a stranger on the street, while a priest and a Levite walk by and ignore the man's distress (Luke 10: 27–35). Mary Seacole and Florence Nightingale made pivotal contributions to nursing by displaying compassionate skills to soldiers and those in need, and they are described as pioneers and heroines (Anionwu, 2012; McDonald, 2014). Pablo Picasso's 1897 oil painting, *Science and Charity*, shows a nurse providing care to a sick woman through the act of giving her tea (Katz and Khoshbin, 2016). This painting provides an image of the emotive and relational context of compassion for the people involved. History teaches us that compassionate care is a highly regarded virtue in society. It demonstrates that compassionate care has some universality (Strauss *et al.*, 2016; Goetz, Keltner and Simon-Thomas, 2010) because everyone has the capacity to alleviate suffering if they choose to. The demand for compassionate care delivery has been accelerated by tragedies like the Francis Report (2013) and more recently the coronavirus pandemic where people have died alone nationally and globally (HEE, 2020; WHO, 2020). This shows the depth and

breadth of which compassionate care reaches across the specialisms and boundaries of healthcare. It demonstrates that lessons need to be learned to enhance future compassionate practice.

Pre-registration nurse education is a platform that produces a compassionate future nursing workforce; it would appear that educators play a vital role in nurturing and educating StNs in compassionate care delivery (Willis Commission, 2012; Adam and Taylor, 2014; Adamson and Smith, 2014; Sinclair *et al.*, 2016c). Surprisingly, there are limited papers which explore exclusively the experiences of how nurse lecturers (NLs) perform compassionate care within the adult nursing curriculum. The primary intention of completing this study was to illuminate the many ways in which NLs achieve this. Compassionate care is a desirable concept; however, challenges exist in teaching StNs to be competent and compassionate caregivers (Crawford *et al.*, 2014). In addition, health education providers have limited evidence on how to incorporate compassionate care in the nursing curriculum (Sinclair *et al.*, 2016a). From here on in, the adult nursing curriculum will be referred to as the adult pre-registration nursing curriculum (APNC).

A critical literature review was undertaken, which involved exploration and critique of the evidence base concerning compassionate care in pre-registration nurse education. This helped narrow down the study focus as there was a considerable amount of research on the topic of compassionate care from a variety of perspectives. An interpretivist approach using visual ethnographic methodology was suitable in addressing the study focus. The

infusion of auto-driven photo-elicitation interviews (ADPEI) and a focus group using concept maps produced a thick description of data. This is presented in Chapter 3.

1.3 The changing landscape of nursing

Nursing is continuously evolving and changing to meet the societal needs of those suffering. RNs have been described as the glue that keeps together the delivery of services to patients; with this, in mind, there need to be sufficient numbers of compassionate nurses to prevent suffering (House of Commons, 2018). There have been numerous reports and changes in standards (Francis Report, 2013; DH, 2015b; DHSC, 2019; NMC, 2018b) demonstrating that nursing care is underpinned by a complex network of guidance. The government is committed to world-class, compassionate care for all (DHSC, 2019), and the need for compassionate RNs continues to gather momentum. Changes to the bursary, changes to the routes into nursing, the move to apprenticeship programmes, to include nursing associates, and the impact of Brexit have contributed to changing the landscape of nursing (House of Common, 2018). The modernisation of the pre-registration educational standards across all fields of nursing is committed to ensuring nurses are educated to a high standard, to provide safe and effective care (NMC, 2018a; 2018b; 2018c; 2018d; 2018e; 2019a).

More recently, coronavirus pandemic has led to new ways of working at a rapid pace (HEE, 2020a), and a new kind of compassionate care exists where patients are dying alone (Wakam *et al.*, 2020) without their family and friends.

The increased use of masks and personal protective equipment (PPE) has adversely affected the delivery of compassionate care, as communicating using touch and facial expression are reduced (Brown, 2020). The nursing profession has now been recognised for their contribution to caring, being compassionate and hard-working in the face of adversity.

Nursing has been subject to numerous investigations regarding rudeness, neglect, and a lack of compassion (Reader and Gillespie, 2013). Despite the challenges faced by RNs, compassionate care continues to be a desirable concept and a widely accepted core value in nursing (Newman *et al.*, 2017; DH, 2015). Organisational leadership is integral to developing compassion in the healthcare setting (Curtis *et al.*, 2017). Universities now face challenges with introducing the Teaching Excellence and Student Outcomes Framework to drive up the standards in education (Department for Business Innovation and Skills, 2016) and applying the new NMC (2018b) standards. NLS working in universities are instrumental in nurturing future compassionate nurses in dealing with an ever-changing landscape of NHS service provision.

1.4 Compassionate care in pre-registration nursing education

Pre-registration nursing education has evolved over the centuries and continues to change to meet the needs of the public. The main changes include the move from schools of nursing to universities (Gillespie and McFetridge, 2006) with the requirement for nurses to register and revalidate with the regulator to protect the public (NMC, 2018a; NMC, 2019b). Nursing is

now recognised to be at a degree level (NMC, 2019a), and has moved away from being a handmaiden to doctors (Ousey, 2011) to be more evidence-based in the delivery of care. There are four fields of nursing: adults, children, learning disability, and mental health. This study focuses on adult nursing, which involves providing care for adults of all ages with a variety of health conditions which is mainly based in wards, clinics and community settings (HEE, 2019). Overall StNs are expected to complete the pre-registration nursing programme over three years with an equal balance of theory and practice (NMC, 2018b).

Given that adult nurses have a broad spectrum of responsibility, the delivery of quality and safe care are essential. Therefore, it follows that adult pre-registration nursing education should play a pivotal role in influencing compassionate practice and its development. The nursing programmes' content follows a connected curriculum (Fung, 2017) and flipped learning approach (Lawton, 2019), which is fundamental in StNs and NLs developing a relationship through research and the evidence base through intentional content. However, more guidance is required on how to nurture compassionate care in StNs (Younas and Maddigan, 2019) due to its complexity. Compassion can be viewed as an emotional, motivational and personality trait (Goetz and Simon-Thomas, 2017). The profession requires nurses to invest emotionally and develop a repertoire of behaviours, which are aligned to the profession and can be developed (Christiansen and Jensen 2008). There has been much debate on whether compassion is innate (Sinclair *et al.*, 2016a; Roach, 2002) or whether it can be nurtured or

developed (Gilbert, 2009; Adam and Taylor, 2014; Ballatt and Campling, 2011; Walker *et al.*, 2016). There are a number of studies that support compassionate care being taught or nurtured (Richardson, Percy and Hughes, 2015; Hofmeyer *et al.*, 2016; Goetz, Keltner and Simon-Thomas *et al.*, 2010).

StNs are the future of nursing practice and act as a conduit between the public and the profession (McSherry *et al.*, 2017). HEIs are responsible for the recruitment, teaching and learning of StNs who provide compassionate care to patients in their care (NMC, 2018d). Educators are integral to the education process (Adam and Taylor, 2014) and are in the best position to support StNs opportunities to learn (QAA, 2015) thereby improving patient outcomes (DH, 2013a). Achieving compassionate care in practice is subjective and challenging for those involved in delivering and receiving it. Before teaching compassionate care, educators need to understand the concept is more than virtue or emotion but a deliberate skill (Mahler, 2019). Nurse educators are vital in raising standards in skills, values and competence (DH, 2013b).

StNs are recruited using a value-based recruitment (VBR) approach which incorporates compassionate care, and is based on the NHS constitution, to ensure that the right people with the right values are recruited to care for service users (HEE, 2016). The recruitment process for StNs involves NLs, service users and practice partners, who offer an essential perspective on recruiting the right applicants with the aptitude for caring in a way that embodies compassionate care. However, compassionate care cannot be easily measured; nevertheless, it is required in order to improve patient

outcomes (Sinclair *et al.*, 2017). Compassionate practice can be achieved by building knowledge, skills and experiences in the undergraduate curriculum by sharing narratives, the recruitment and selection of StNs, supporting students through development plans and feedback, and providing restorative space for academic staff (Edinburgh Napier University and NHS Lothian, 2012). Changes to the training of pre-registration StNs are required to create a more compassionate culture and workforce (Francis, 2013), however, more clarity and understanding is needed on this can be best achieved. An exploration of NLs experiences of compassionate care is an opportunity to build on what is already known. Pre-registration nursing education is the ideal platform for nurturing compassionate care within the profession (Beer, 2013) underscoring the importance of an evidence-based approach to understanding how it is performed.

1.5 Nurse lecturers role in pre-registration education

Nurse lecturers (NL) are in a position of influence in making a difference in nursing practice (Loannides, 1999). Their role involves developing strategies which link clinical practice, teaching, research and other scholarly activities (Barratt, 2007). NLs are Registered Nurses (RN), who work in theory and practice learning, are appropriately qualified and comply with the NMC nursing standards for education in supporting StNs to achieve the required elements of the course (NMC, 2018c). They play an important role in the taught and practice element of StNs progression; this includes implementing teaching and learning strategies, and supporting delivery, using a range of resources. In the

role of academic assessor, NLs work with partner healthcare organisations to help StNs achieve practice learning outcomes (NMC, 2019d). Their contribution is in line and links with the NMC standard description of an educator who 'deliver, support, supervise and assess theory, practice and work placed learning' (NMC, 2018b, p. 17).

1.6 Key drivers in compassionate care delivery

The provision of safe, quality, compassionate care is a crucial driver in healthcare. Compassionate care is a prerequisite of quality healthcare and is featured and supported by law, healthcare policies, governing bodies and National Institute of Health and Care Excellence (NICE) guidance, Health and Social Care Act, 2008 (Great Britain Parliament 2008; DHSC, 2019; NMC, 2018a; NICE, 2012). The concept of compassionate care dates back to the Lord Darzi Report on Health and Care (DH, 2008), the Keogh Report (2013), and more recently, the NHS long-term plan (NHS UK, 2019). The publication of the Francis Report (DH, 2013a) led to several changes in the standards of care and education and also resulted in compassionate care being embedded in the NHS constitution, along with respect and dignity. Patients, carers, HCPs, managers and leaders all recognise the benefits of compassionate care in nursing education (van der Cingel, 2009; Straughair, 2012a; Straughair, 2012b; Adamson and Dewar, 2011; Gilbert, 2017). It has particular relevance to nursing and nursing education because nurses are the frontline of care for those in need. First-class compassionate care is dependent on the quality of training and education of staff (DH, 2015). The government has the mandate

to be committed to the provision of the highest quality compassionate health and care service, which is based on need and is free to all (DHSC, 2019).

1.7 Models of care

There are several models of care that incorporate compassion which highlight the essentiality in the provision of care and the nurse's role. The 5Cs of caring by Roach (2002) describes compassion as, competence, confidence, conscience and commitment. These components of care involve being compassionate so that both the nurse and patient reap the benefits. This is extended by Gilbert (2009) compassion circle, which offers an insight into the attributes and skills required to be compassionate. More recently, in the 6Cs, compassion is described as a relationship of empathy, respect and dignity where intelligent kindness is evident (DH, 2012). Research has uncovered an empirical model, defining compassion and offering a virtuous and relational understanding to alleviating suffering (Sinclair *et al.*, 2016b). Overtime not much has changed regarding the core elements of what a nurse should be. It is the duty of nurses to treat those need of care and compassion (NMC, 2018a).

1.8 Why study compassionate care?

My interest and commitment in compassionate care performance were stimulated by my role as an RN, NL and the Mid Staffordshire hospital scandal (Francis 2010). The term performance is discussed in further section 1.9. My

twenty-nine years as an RN included working in the areas of elderly care, acute medicine, health promotion, clinical governance and patient safety, and education, all of which involved the need for compassionate practice. I appreciate how these roles have developed my thinking and opened up valuable opportunities to contribute to compassionate quality healthcare. I believe compassionate care is central to excellent nursing care; however, I understand that people have different perspectives on how it is best achieved. As a Christian, I am familiar with the power of the compassionate and healing God and the many bible stories that demonstrate healing and alleviating suffering. It is my belief that compassionate care can be taught or nurtured in the right condition and is an innate individual quality that exists regardless of personal and environmental conditions. However, depending on the context, I do understand that some people may not have the capacity to perform it. I think compassionate care is at the heart of nursing (Bramley and Matiti, 2014) and is manifested in a variety of ways by people all over the world (WHO, 2018).

During my doctoral journey, I discovered the book the atlas of experience (Van Swaaji and Klare, 2000) and completed a story board which generated interest in the power of the visual to communicate ideas of compassion using maps. My viewpoint was that compassionate care is central to excellent nursing care; however, I understand that people have different perspectives on how it is best achieved. I wanted this study to show what compassionate care means to NLs in their role and the opportunities and challenges that exist in its performance. This study is significant and opens the door to a better

understanding of the concept of compassionate care in pre-registration nurse education.

1.9 Purpose of the study

This study aims to explore the concept of compassionate care as performed by NLs in the APNC, intending to inform pre-registration nursing education. The word performance and enactment are used interchangeably throughout the thesis to denote how NLs show compassionate care in their role. Performance can be understood as being, doing, showing, explaining (Schechner and Brady, 2014); it can be about the presentation of self to others. It is all the activities or actions of a person, which serves to influence other people (Goffman 1990). The idea is that any action which is 'framed, enacted, presented, highlighted or displayed is a performance' (Schechner and Brady, 2014, p.2). In contrast, enactment is best described as thinking and putting into action what can be done physically, with imagination and using emotional resources (Smircich and Stubbart 1985). NLs enact by using their knowledge, skills, and resources and are able to apply and adapt to achieve their purpose. In the context of this thesis, the enactment of compassionate care is achieved through thoughts, behaviour and actions; however, the performance goes further by framing the variety of ways NLs enact compassionate care.

An interpretative approach is adopted to demonstrate the subjective nature of compassionate care. An academic and clinical perspective on the first-hand experiences of NLs, within a local university in the West Midlands, are provided. The research employs a visual ethnographic methodological

approach to answer the research question so that a thick description of NLs' differential experiences is captured in a way to add value to the body of knowledge of compassionate care. As described by Pink (2013, p.1), images stimulate conversations, understanding and 'ways of seeing'. Auto-driven photo-elicitation interviews (ADPEI) was supplemented by a focus group using concept maps to provide an opportunity for NLs to voice how they perform in their academic and professional practice. It contributes to addressing the research gap that exists by exclusively presenting the perspectives of the many ways NLs perform, share and teach compassionate care within their role.

The following objectives guided the study:

- To gain insight into how compassionate care is delivered within the APNC.
- To explore how ADPEIs and a focus group elicit shared patterns of the behaviour, belief, attitudes, experiences, and language of NLs teaching compassionate care.
- To use a creative method to promote critical dialogue about compassionate care delivery in the APNC.

The following research questions directed the study:

- What does compassionate care mean to NLs?
- What are the experiences of NLs teaching and learning compassionate care in the APNC?
- How is the concept of compassionate care enacted/performed by NLs within the APNC at a local university in the West Midlands?

1.10 Structure of the thesis

The thesis structure follows that of a conventional approach, and for ease, the following provides an outline of each chapter.

Chapter 2 focuses on the critical literature review, providing a detailed exploration of the evidence base, which forms the basis of the study focus. It indicates the gaps in knowledge and corpus (literature), thereby justifying the research aim and questions, and the underpinning literature sets the scene and the driving force to examine the enactment of compassionate care by NLs.

Chapter 3 offers a gaze into my philosophical underpinnings and research approach and design. I critically discuss and justify my position in the context of interpretivism, and my ontological, axiology and epistemology in the context of constructivism and social constructionism. An overview and critique of my methodological approach are provided. An outline of the methods used are critically discussed, to provide a presentation and justification of data generation and analysis procedures. The ethical considerations that play an essential role in upholding the research design, public trust, researcher accountability and moral values are also explored.

Chapter 4 presents the findings and discussion. The data analysis and interpretation from ADPEI, focus group and concept maps will be offered using a thematic approach that will address the research aim, objectives and questions. Photographs and concept maps are presented and critically

discussed to provide a thick description and visual lens of NLs' understanding of the performance of compassionate care.

Chapter 5 provides a final address of what has been achieved by this study, including limitations and contributions. Recommendations are discussed and inform the future of nursing education, research and healthcare services.

1.11 Reflexive lens



Photograph 1: The blossoming (2016) by Juliet Drummond.

As I embarked on the research journey, I underwent changes that influenced the research process (Palaganas *et al.*, 2017), and I also realised a reflexive approach would be beneficial in developing my self-awareness. Photograph 1 was taken from my photographic journal reflecting the personal and professional blossoming of self as I embarked on the research process. Reflexivity invites the researcher to look inwards and outwards in the exploration of knowledge, experience and research roles (King and Horrocks, 2010). Reflexivity closes the elusive gap between the researcher and the researched and between the knower and the known (Etherington, 2004). Reflexivity has improved my awareness values, beliefs and experiences that influenced the decisions made during the

research process. Putting the study into context began at the start and end of my research journey. Clarity of the focus was essential for me so that the reader and audiences can see the value of my research. Looking backwards and forward in time on my experiences as an RN, I developed an understanding of what it is to be compassionate; the vast array of past and current literature on compassionate care delivery in nursing helped consolidate my viewpoint.

1.12 Chapter summary

Chapter one provided an outline and justification for the study. I have set the scene introducing the concept of compassion and compassionate care in the context of the study. There are many definitions of compassionate care, making it laden with subjectivity. Pre-registration nursing education plays a pivotal role and is an ideal platform in nurturing compassionate care. This reinforces the need to better understand how NL performs it within their role. I have outlined the aim, objectives and research questions. The thesis structure has been provided to ensure ease of navigation. A reflexive lens is offered to convey how the research blossomed and heightened my self-awareness, values and beliefs. Chapter two will provide a detailed exploration of the literature and highlight the gaps which necessitated the study focus.

Chapter 2: Critical literature review

2.1 Introduction

Chapter one set out the context, aim and objectives of the study. This chapter aims to provide a critique and evaluation of the literature within the context of existing knowledge (Polit and Beck, 2014). It provides the basis for the study by exploring the issues around compassionate care within nursing education. This type of review is beneficial as it goes beyond just description to include analysis and synthesis that creates a new perspective (Grant and Booth, 2009). I intend to acknowledge the work of authors who have made an essential contribution to the understanding of compassionate care. This critical literature review outlines the search strategy, inclusion and exclusions, the identification of themes and the gaps in current knowledge that justify the research focus and contribute to a deeper understanding of the issues at hand.

2.2 Aim and objectives:

The overall aim of the critical literature review was to explore compassionate care in nursing education. The objectives were to critically:

1. Examine the body of knowledge surrounding compassion and compassionate care in nursing and pre-registration nurse education.
2. Explore the contributions of NLs in pre-registration nurse education.
3. Examine how pre-registration nurse education contributes to compassionate care.

2.3 Search strategy

A search strategy was employed to find the most relevant articles for the review (Appendix 1). The literature search was undertaken using several approaches: electronic databases, searching reference lists pertinent to the study focus and author searching (Aveyard, 2014). Studies were identified by searching professional databases (Appendix 2): Pub Med, EBSCO Host Cumulative Index to Nursing and Allied Health Literature (CINAHL), Library Search, ScienceDirect and Medline. These databases were useful to find relevant studies, as they provided keywords and phrases, advanced searching features, such as boolean operators, and links to other vital articles of interest (Polit and Beck, 2012). Each database was searched using the following search terms: 'compassionate care in nurse education' OR 'compassion in nursing' OR 'compassion in nurse education' OR 'compassionate care in nursing'. Other terms used include 'pre-registration nursing curriculum' AND 'compassionate care in nurse education' OR 'compassion' AND 'nurse educator' OR 'nurse lecture'. An internet search using Google did not yield any additional relevant studies. Irrelevant articles were removed by scanning the titles and abstracts.

2.3.1 Inclusion and exclusion criteria

Using inclusion and exclusion (Appendix 3) criteria helped narrow down the search, remove irrelevant material, prevent bias, and shape the research question (Polit and Beck, 2012). These ensured articles were relevant to the

aim of the critical literature review. The search date range starts from 2009, in line with the Mid Staffordshire public inquiry. This gleaned a more historical and chronological perspective of studies after this significant incident. The inclusion criteria comprised of peer-reviewed primary studies, literature and systematic reviews, in full text, English language only, from a variety of countries, and included a blend of health professionals' experiences to include educators, NLs and teachers. A grey literature search was also conducted, which provided useful contextual and up-to-date information on the focus (Adams *et al.*, 2016). For example, the NMC standards for nursing are included; as well as the 6Cs (NHS England, 2016), the NHS constitution (DH 2015a) and the 'culture of care' barometer (King College London 2015). Authors of books who make a significant contribution to the concept of compassionate care have also been included, such as Gilbert (2009), Watson (2008), Hewison and Sawbridge (2016) and Roach (2002).

Studies were excluded if they did not focus on compassion or compassionate care in nursing education. The concepts of compassion fatigue, burnout, spirituality and empathy were excluded. Exclusions also included opinion papers, editorials, letters, and unpublished theses. All studies identified were screened for eligibility, which yielded 228 full-text articles. Once the studies were assessed using the inclusion and exclusion criteria (Aveyard, 2014), thirty-three studies were identified for the literature review.

2.4 Overview of studies

An appraisal and overview have captured the most relevant studies to answer my research brief and identify gaps in the current body of knowledge (Appendix 4). Studies captured StNs, clinical nurse teachers, nurse teachers, nurse educators, senior lecturers, health care professionals (HCPs), and service users' perspectives concerning the delivery of compassionate care in a variety of settings, such as universities, hospitals, rehabilitation centres, home care, and care homes. This broadened the opportunity to gain an understanding of compassionate care in nurse education. There are limited number articles that include NLs, nurse teachers and educators' perspectives on compassionate care, and just three that are exclusively gaining their perspective.

The characteristics of each study are provided (Appendix 5) to demonstrate the type of studies included. The majority of primary studies came from the UK (n=22), others came from a selection of countries: Australia (2); Iran (1), Netherlands/Holland (2), Sweden, Norway, Finland and USA (1), Malawi (1), Canada (1), Australia and UK (1) and International (1). A literature review (1) was also included from the UK. The decision was made not to restrict the location of research articles, to maximize numbers and demonstrate that compassionate care is an international healthcare issue. In varying degrees, participants' characteristics were outlined in all the studies, including age range, sex, roles, ethnicity, and setting, although not all studies reported ethnicity.

There is also a balanced variety of research designs, with the majority of the studies being qualitative. Quantitative research articles included in the review used descriptive statistics and a survey (n=2) to ascertain the view of nurses (Papadopoulos *et al.*, 2016) and educators (Winch, Henderson and Jones, 2015). Some studies used a quantitative and qualitative mixed-method approach to gather data (Christiansen *et al.*, 2015; Bray *et al.*, 2014; Bond *et al.*, 2018), including interviews (telephone and face-to-face) and surveys. Using this approach benefited from triangulation, as data is compared and combined (Gray, 2014). A sequential exploratory approach was used to examine the role of professional education in developing compassionate practitioners (Bray *et al.*, 2014). A survey was sent to participants, followed by interviews when appropriate. This approach was both complementary and developmental (Gray, 2014). Decision-making is vital with regard to sequencing, prioritizing, and integration (Polit and Beck, 2014). This was not always made clear in some studies; for example, Christiansen *et al.* (2015). This study uses a mixed-method approach; a quantitative questionnaire, with mainly closed questions. However, the results do not show a sample of quantitative responses, but instead, use a thematic approach to explain participant responses. Systematic literature reviews (n=3) are included in the review to provide a detailed examination of the literature on compassionate care in nursing. A narrative literature review (1) was used for its relevance and focus on the design of compassion. A corpus informed discourse analysis (n=1) explored the concept of compassion within the media.

Studies that used a qualitative approach demonstrated more flexibility, achieving an in-depth understanding of compassionate care (Polit and Beck, 2012). The qualitative studies identified used semi-structured interviews, in-depth interviews, workshops, focus groups, a narrative approach, descriptions and online discussions. These qualitative approaches achieved insights into the complex issues surrounding compassionate care while learning about participants' knowledge, needs and practices (Flick, 2018). The interview process allowed researchers to examine people's beliefs, values and understanding in context. Focus groups and interviews both offered a way of getting to know participants in a different context, and so complemented each other (Morgan, 1997).

A visual methodology is used in two studies (Smith *et al.*, 2014; Newham *et al.*, 2017). A collage activity and a film were used in these studies to help participants be more reflective, critical and engaged with their emotions, and so be able to better articulate their thoughts (Kara, 2015). Smith *et al.* (2014) used music, the development of collages, and reflective notes, in workshops, to gather data and gain an understanding. I have drawn on these studies to justify my research approach as it utilizes art-based methods. An observational approach was used in a few studies, usually in conjunction with other methods. The principal objective of observations is to observe the discrepancy between what people say and do (Watson *et al.*, 2008). However, this approach does present ethical issues and challenges.

2.5 Critical appraisal process and outcomes

Thirty-three articles were critically appraised, which involved reviewing, identifying their strengths and weaknesses (Polit and Beck, 2012), thus providing a more in-depth understanding of the evidence. A generic critical appraisal tool was chosen to scrutinize and appraise quantitative and qualitative research in the critical literature review (McCarthy and O'Sullivan, 2008). This tool was chosen over CASP (2013) for being universal and providing clarity in its approach, and a critical thematic approach was utilized to identify themes (Aveyard, 2014).

2.6 Themes identified

2.6.1 The complexity of compassionate care
2.6.2 Enablers and inhibitors of compassionate care
2.6.3 Nurturing compassionate care in pre-registration nurse education

This section provides a synthesis of the three themes identified from the critical literature review. Compassionate care is a multifaceted phenomenon and is a core element to nursing care and nurse education.

2.6.1 The complexity of compassionate care



Figure 1: Word cloud: descriptions of compassionate care

The scope of the term compassionate care can be seen in the many descriptions of words, phrases, processes, attributes and models that have come about in describing this highly rewarded concept and value. It is considered as a quality indicator for the provision of care (Sinclair *et al.*, 2016) by HCPs, nurses, students, patients, families and the public (Adamson and Dewar 2015; Kneafsey *et al.*, 2015). There are contrasting explanations made about the term such as its emotive, cognitive, behavioural and physical properties (Crawford *et al.*, 2014; Cingel, 2011). It also has moral connotations, motivational and human qualities, which make it difficult to define (Newham *et al.*, 2019; Durkin, Usher and Jackson, 2018). Figure 1 captures the words and phrases used to describe compassionate care and shows it means different things to different people, making it complex and multi-layered. The barriers come to light when putting the words into practice as there are variations in how HCPs understand, experience and deliver compassionate care in

different ways. As compassionate care is a relational concept, it requires the identification of others who may have different expectations.

It is imperative to understand what it means to be compassionate. 'Compassion' is derived from the Latin word 'compassionem', which denotes 'suffering' and 'pity' (Hewison and Sawbridge, 2016). Compassion, sympathy, kindness and empathy are words used interchangeably to describe the human nature of caring. What sets compassionate care apart from these other words is the 'motion-generated effect' to act (Schantz, 2007, p. 51). In the literature, compassionate care is broadly described as alleviating suffering and being motivated to act (Sinclair *et al.*, 2016b; Schantz, 2007). However, this is a simplistic view and does not capture the full extent of what is required by those delivering compassionate care in a manifold of contexts. The word compassion encompasses numerous features associated with its enactment by caregivers; it would therefore follow and be beneficial to explore how it is enacted by NLs who are responsible for training the future nursing workforce.

Some authors have conceptualized compassion by describing how it can be enacted. Compassion has been defined as having virtuous qualities and being responsive to others; this involves putting the person first, giving time, developing relational communication and giving space for compassionate encounters to improve patient outcomes (Sinclair *et al.*, 2016b). Compassion can also be explained as a 'behaviour that aims to nurture, look after, teach, guide, mentor, soothe, protect, offer feelings of acceptance and belonging to benefit another person' (Gilbert, 2009, p. 128). Both descriptions break down

compassionate care into a process, offering an understanding of what is involved for the caregiver to be compassionate and what behaviours are expected from those in receipt of it. The different components of 'compassion' described may not be all-inclusive; instead, caregivers might enact only parts of these elements and could miss out on other vital ones. This could lead to an incomplete delivery of what is considered to be compassionate.

Compassion has been described as a "transpersonal nature of reaching out to another, to connect, transcending one's ego" (Watson, 2008, p. 78). The transcending of oneself requires the visualization of suffering, the engagement with another and control of the senses. This makes it a highly emotive task which may not come naturally for everyone. There are many attributes to having a compassionate mentality, such as showing kindness, love, sensitivity, tolerance, gentleness, affection and warmth, to name just a few (Crawford *et al.*, 2014). The assortment of attributes makes compassionate care personal and dependent on context which is faced by nurses in their everyday practice. To overcome some of the challenges in the many definitions: Compassion can be viewed as 'a relationship, lived in solidarity with others, sharing their joys, sorrows, pain and accomplishment' (Roach, 2002, p.51). This offers a way forward and an understanding of compassionate care, as it alludes to working with others to foster relationships. It is more than just about alleviating suffering and can instead involve all the emotions life has to offer. In the NHS Constitution, compassion is central to care, and those providing care should show humanity and kindness to others who are suffering or in need, by allocating time for patients and their families in order to alleviate

suffering without being asked to (Department of Health, 2015a). In a later report, compassion was described as a value and behaviour of HCPs in terms of empathy, respect and dignity (NHS England, 2016). Compassion is not easily understood and requires HCPs to embrace its intricacies.

As indicated, in the identified articles of this review, compassion is subjective and highly emotive for those involved in care provision. Furthermore, the majority of studies confirm the complex nature of compassion and compassionate care (van der Cingel, 2011; Curtis, Horton and Smith, 2012; Wiklund Gustin and Wagner, 2013; Bramley and Matiti, 2014; Kneafsey *et al.*, 2015; Jack and Tetley, 2016; Sinclair *et al.*, 2016b; Hofmeyer *et al.*, 2018; Newham *et al.*, 2017; Papadopoulos *et al.*, 2016; Smith and Smith, 2020; Bond *et al.*, 2018). There appears to be a consensus that compassion involves connecting with others, seeing their perspectives, and alleviating their suffering with competent and appropriate actions (Newham *et al.*, 2017; Papadopoulos *et al.*, 2016; Hofmeyer *et al.*, 2018; van der Cingel, 2011). It is about being present in the suffering of others and being motivated to act. Compassion has been described to mean ‘an individual, a personality trait, and professional behaviour to be learnt by observing the behaviour of those being compassionate (Bond *et al.*, 2018, p.3081). The literature suggests a continuum of definitions which range from being simplistic to detailed viewpoints. The differentials in descriptions are foundational depending on the context but can also be unclear for those who are novices or are trying to foster it in healthcare and nursing education.

2.6.1.1 Understanding educators' experiences

The review identified limited studies seeking the views of NLs, educators and nurse teachers on compassionate care. Nurse teachers have a dual role with that of the University and the NMC and face numerous challenges in their role (Curtis, 2013). Educators are well placed to nurture and monitor compassionate care (Winch, Henderson and Jones, 2015). Nurse teachers recognize that dissonance exists for both StNs and themselves, and describe wanting to alleviate the suffering of students, by guiding them on how to be compassionate to patients (Curtis, 2013). Clinical nurse teachers need to develop trust and be aware of the unspoken needs of others (Wiklund Gustin and Wagner, 2013). Educators recognize compassionate care as a principal value, and expression of shared professional morality (Winch, Henderson and Jones, 2015). Compassionate care is associated with being there for self and others and involves attributes of being respectful, non-judgmental, giving voice to others and finally, accepting the gift of compassion (Wiklund Gustin and Wagner, 2013). Conversely, abandonment and invisibility in care are seen as undesirable (Terry *et al.*, 2017; Newham *et al.*, 2017). Hence, the understanding of self is seen as a source of compassionate care (Wiklund Gustin and Wagner, 2013). The combination of these descriptions do provide some context of compassionate care, as well as builds on the personal and professional attributes required to be compassionate, however, more research is needed that exclusively explore NLs perspectives.

2.6.1.2 Understanding patients' and nurses' experiences

The review elicited eight articles gaining an understanding of patients and nurses experiences in the context of nursing care. There is an expectation from both parties that compassion will involve certain elements, attributes, and practice. Authors such as van der Cingel, (2011), Bramley and Matiti (2014), Sinclair *et al.* (2016), Straughair (2019) have studied patients' perceptions on compassion and given valuable insight into the concept and its delivery. A clinical model of compassion defines compassion as a virtue, that attends to the needs and suffering of a person through developing a relational understanding and action (Sinclair *et al.*, 2016). This is best achieved when there is an understanding of what compassion means, and its impact on others (Bramley and Matiti, 2014) and can be cultivated when apropos learning takes place (Straughair, 2019). Patients and nurses provide descriptions of the nature of compassion as being attentive to others, listening, being able to confront issues, being involved, having a helping presence, and understanding (van der Cingel, 2011). Patient experiences are fundamental to understanding those who are in receipt of compassionate care but extends also to examining nurses' perspectives.

Compassion is part of a nurse's professional identity (Nijboer and van der Cingel, 2019) and having a system of values deepens the capacity to be compassionate (Zamanzadeh *et al.*, 2018). Nurses confirm that being compassionate involves the need to alleviate suffering, and to be empathic and kind (Papadopoulos *et al.*, 2016), however, newly qualified nurses frequently identified compassionate care with reference to situations where it

was lacking (Horsburgh and Ross, 2013). Compassion is achieved when nurses spend time with patients and communicate effectively (Durkin, Usher and Jackson 2018). It is acknowledged that more clarity is needed on how the behaviour of nurses can achieve these dimensions of compassionate care in practice (van der Cingel, 2011), this would be beneficial in the context of NLs who train the future nursing workforce.

2.6.1.3 Understanding students' experiences

A number of studies gave insight into the StN's perspective of what it means to be compassionate. A study with StNs uses poems to describe their understanding and experiences of compassion, which was found to be a challenging and distressing process in light of the suffering of patients (Jack and Tetley, 2016). StNs are required to give time, to be an advocate, provide strength, be empathic to understand patients' feelings better through the provision of small steps (Jack and Tetley, 2016). Using poems was found to be advantageous in helping StNs to articulate their experiences and manage their emotions, thereby providing educators with valuable insights into StN's experiences of compassion. Building on this, StNs have identified how personal values, such as showing dignity, being kind, respectful and being fair in the treatment of others, can help shape compassionate care (Mc Sherry *et al.*, 2017).

StNs have highlighted that a person-centred approach and supporting others is viewed as beneficial in enhancing compassionate care (Waugh and

Donaldson, 2016). This requires StNs to recognize suffering, develop a relationship, be present in listening with a desire to help so that the outcome is a positive experience (Smith and Smith, 2020). This can be achieved when StNs are knowledgeable and are able to appreciate what it means to be compassionate. StNs have suggested that developing an understanding of others, and acting to relieve suffering, involves using small actions, being resilient and mindful in future practice (Hofmeyer *et al.*, 2018). However, StNs also identified balancing vulnerabilities which impacted on compassionate care delivery (Curtis, 2014; Curtis, Horton and Smith, 2012), highlighting some of the challenges of what it means to be compassionate.

2.6.1.4 Understanding Health professionals' experiences

Studies have elicited the perspective of various health professionals, demonstrating the diversity of opinion on issues of compassionate care delivery (Kneafsey *et al.*, 2015; Christiansen *et al.*, 2015; Durkin, Gurbett and Carson, 2019; Tierney *et al.*, 2017; Bray *et al.*, 2014). These studies add descriptions about showing empathy to others, the use of emotion and affirmative action. A study with health professionals and StNs agreed that compassionate care means being warm-hearted, showing empathy, providing individualized patient care, and treating others as you would want to be treated (Bray *et al.*, 2014). Similarly, in a small qualitative exploratory study with university staff, healthcare professionals, StNs and service users argued that compassionate care was challenging to define, and was an innate emotion, requiring an altruistic quality, necessitating action and with a feeling of

empathy (Kneafsey *et al.*, 2015). Caring colleagues and lending a helping hand to others was also a requirement of compassionate care. In this study, there were just two lecturers involved, reflecting the need for more research with this group.

Conversely, in a later study with seven nurse academics and thirty professionals, the characteristics of a compassionate nurse included self-care, having a connection, empathy, interpersonal skills, communication, competence and engagement (Durkin, Gurbutt and Carson, 2019). Compassionate care is all-encompassing, as it essentially asks health professionals to display various elements and commit themselves to helping others in their moment of need. These findings contribute to a comprehensive description of compassionate care for those in nursing practice, and although complex, it reinforces the need for more research on how it can be performed.

2.6.2 Enablers and inhibitors of compassionate care

Achieving compassionate care in nursing is not without its challenges. Several studies identified obstacles such as diminished resources, poor leadership, and competing pressures, which all affected the delivery of compassionate care in practice (Curtis, 2013; Smith *et al.*, 2014; Zamanzadeh *et al.*, 2018; Christiansen *et al.*, 2015; Bray *et al.*, 2014; Tierney *et al.*, 2017; Durkin, Gurbutt and Carson, 2019). A study with various HCPs, defenders and drainers of compassionate care within healthcare was identified (Tierney *et al.*, 2017). In addition to this, qualified health professionals have been viewed

to impede or facilitate a compassionate culture (Christiansen *et al.*, 2015). In a study with patients, it was identified that compassion is enhanced when resources, system and processes are in place (Straughair, 2019). Other factors impacting on the delivery of compassionate care are the individual, relationships, the organization, and leadership (Christiansen *et al.*, 2015). While these studies provide a valuable perspective, not all explicitly explore the standpoint of NLs. However, both studies offer transferability for staff working in a different setting, reinforcing the need for NLs to be clear about the barriers and enablers of compassionate care within their environment.

2.6.2.1 Leadership and management

Leadership enables a culture of compassion to prosper (Curtis, 2013, Smith *et al.*, 2014; Straughair, 2019; Christiansen *et al.*, 2015; Kneafsey *et al.*, 2015; Curtis, Horton and Smith, 2012). Patients' understanding of how compassionate care could be cultivated identified the importance of 'leading for compassion' and that leaders and ward managers are instrumental in cultivating compassion (Straughair 2019, p. 101). Another important feature is the alignment with professional ideals and the reality of practice (Curtis, Horton and Smith, 2012). A study reported that only 4.3 per cent of nurses received compassion from their managers (Papadopoulos *et al.*, 2016), further supported by NLs' experiences of compassion in the workplace. Participatory action research, using workshops, found that leadership can impact workplace culture and that leaders have an essential role in achieving a successful organization (Smith *et al.*, 2014). Nursing leaders are significant in developing

a culture of compassion that can be emulated in practice and the workplace (Hofmeyer *et al.*, 2018). Further research, gaining the perspective of NLs, would shed light on the impact leadership and competing pressures can have on compassionate care in nursing education.

2.6.2.2 Culture of nursing

Culture denotes 'to cultivate', and the word nurse means 'to nurture or nourish'; the two terms brought together imply that nurses seek to cultivate a caring and compassionate approach to those they care for (Kings College London, 2015). However, it has been recognized that RNs face challenges in the current working environment. There has been a change in the culture of nursing, as more emphasis is placed on delegation and paperwork, with less time for students and patients (Curtis, 2013). A culture of reduced resources, such as reduced staffing and budget, has impacted on the delivery of compassionate care (Straughair, 2019). The constraints in universities, for example, teaching large groups, balancing the needs of the employer and that of the nursing profession add further challenges to nursing teachers in achieving compassionate practice (Curtis, 2013). Environmental pressures at work, such as team culture can contradict the values of those delivering compassionate care (Nijboer and van der Cingel, 2019).

Similarly, the dissonance between professional ideals and healthcare practice reality requires StNs to balance and adapt to fit the circumstances (Curtis, Horton and Smith, 2012). StNs need to develop resilience in the delivery of compassionate care (Curtis, 2013; Curtis, Horton and Smith, 2012), which will

equip them to deal with competing pressures that may exist in practice. Nursing teachers talk about an 'unachievable utopia' in regard to achieving compassionate care in practice, thus compromising StNs' socialization into the NHS (Curtis, Horton and Smith, 2012). Barriers to nursing programmes occur at many levels: patients, nurses and organisational (Coffey *et al.*, 2018). Future nursing education needs to prepare students for the reality of delivering compassionate care in an environment of competing pressures (Horsburgh and Ross, 2013).

Patients shared that compassionate care involves behaviours that are learnt which form part of the ward culture (Bramley and Matiti, 2014). A compassionate mentality should be incorporated to achieve it (Crawford, *et al.*, 2014). Therefore, positively changing the culture could enhance the compassionate care of nurses. Systems and processes underpinning nursing have the potential to impact on the delivery of compassion in nursing (Straughair, 2019). A culture of litigation and its observable outcomes has caused compassionate care to be compromised (Curtis, Horton and Smith, 2012). It has been suggested that a lack of compassion is a fault of the system itself, however, having no time is not an excuse for poor care or a lack of compassion (Kneafsey *et al.*, 2015). Similarly, a study of StNs and nursing teachers suggests that compassionate care requires time and opportunity (Curtis, Horton and Smith, 2012). NLs have called for the emphasis to be on the individual receiving the care and not the caregiver (Kneafsey *et al.*, 2015), highlighting that a shift in attitude is required to support a more compassionate culture. The culture of nursing is significant to the delivery of compassionate care, as the adversity faced by nurses can affect nursing practice. These

studies help to unravel the everchanging complex nature of the nursing culture, impacting on how compassionate care is nurtured and delivered by those responsible for its delivery.

Studies exploring the views of NLs have identified the importance of a compassionate workplace (Smith *et al.*, 2014; Winch, Henderson and Jones, 2015). A cafe initiative provided an open space to discuss issues about compassionate practice without apportioning blame, leading a balanced and caring approach (Winch, Henderson and Jones, 2015). However, this was not enough to enable educators to take responsibility for compassionate care, as supportive leadership with more coaching and resources are required to build a compassionate ethos. Building a culture of compassion through nursing education is viewed as essential, for students and educators, in a number of studies (Coffey *et al.*, 2018). The theme 'culture of nursing' led to the chosen methodology, visual ethnography, as it was important to understand how NLs behave as individuals and as a group in compassionate care delivery. Ethnography focuses on the culture of a 'group of people' with a need to understand their world view (Polit and Beck, 2014, p. 727) which led to seeking to understand this in a visual way using a visual ethnographic approach (Pink, 2013). This approach showcases the diversity of experiences and helps to makes sense of patterns of behaviours and beliefs.

2.6.3 Nurturing compassionate care in pre-registration nursing education

The literature presents differing viewpoints on whether compassion can be taught or learned (van der Cingel, 2014; Bramley and Matiti, 2014; Durkin, Gurbutt and Carson, 2019). Patients have a mixed view of whether compassionate care could be taught like a skill, while others thought it was an innate quality that could not be changed (Bramley and Matiti, 2014). An international study contributes to the debate, as more than half of nurses thought compassionate care could be taught if it was developed (Papadopoulos *et al.*, 2016). A study with nursing educators, StNs, service users, and district nurses found conflicting views on this point; however, offers a solution of how compassion could be taught using the 5Ws (why, what, who, whom, and where) to teach students nurses how to be compassionate (Durkin, Gurbutt and Carson, 2019).

2.6.3.1 Pedagogical approaches to developing compassionate care

A curriculum that encompasses several pedagogical approaches, such as reflection, experiential learning, discussion, storytelling and poetry, is enjoyable to students and supports the development of compassionate skills (Jack and Tetley, 2016; Adamson and Dewar, 2015; Coffey, *et al.*, 2018; Msiska *et al.*, 2014; Durkin, Gurbutt and Carson, 2019; Waugh and Donaldson, 2016). NLs need to be updated in pedagogical approaches to fully realise the benefits of developing StNs competency in compassionate care.

Studies have identified that online learning could help develop students' understanding of compassionate care (Hofmeyer *et al.*, 2018; Waugh and Donaldson, 2016; Durkin, Gurbutt and Carson, 2019). Based on student feedback, the literature suggests that it is beneficial to use technology in nurse education, such as audio files, podcasts, and virtual learning environments (Adamson and Dewar, 2015; Waugh and Donaldson, 2016). Students' learning of compassionate care before and after an online module was examined, and it was found that over time students develop a richer understanding of compassionate care (Hofmeyer *et al.*, 2018). The use of technology in the curriculum offers a shared knowledge and flexibility, which enhances StNs exposure to learning about concepts such as compassionate care (Hofmeyer *et al.*, 2018). Compassionate care can be nurtured over time (Msiska, 2014; Hofmeyer *et al.*, 2018).

Students found the use of stories engaging and useful when learning about compassionate care (Adamson and Dewar, 2015; Waugh and Donaldson, 2016). They discovered that patients are vulnerable, and that compassionate care should be focused on the need and not the disease (Waugh and Donaldson, 2016). Students demonstrated empathy and compassion towards patients' stories and identified any changes that might be required in their practice (Adamson and Dewar, 2015; Waugh and Donaldson, 2016). Students also felt like a spectator and outsider to events, which then moved them into wanting to act and take responsibility (Adamson and Dewar, 2015). They valued learning from the stories and described them as heart-warming and inspiring, which made them recall emotions such as feeling humbled (Waugh and Donaldson, 2016).

Using poetry can help students tell a story from the patient's perspective and their own, shedding light on the emotional side of compassionate care, such as standing shoulder to shoulder with patients (Jack and Tetley, 2016). Caring conversations promote a better understanding of the patient's perspective and are developed by telling real-life stories (Adamson and Dewar, 2015; Msiska *et al.*, 2014). In addition, stories could be used to help prepare students in various ways, such as in practice, mentorship support, and reflection and discussion (Waugh and Donaldson, 2016). These studies provide some insight into how compassionate care can be developed from students and patients' perspective. A triangulation by way of further research with NLs would be beneficial in eliciting the usefulness of stories.

A study with students found that sharing their fears of caring for patients with human immunodeficiency virus improved their learning and helped them achieve a better attitude and understanding of compassionate care (Msiska *et al.*, 2014). Thus, showing that students can take charge of their emotions and that educators should nurture this in their delivery. We are reminded that fostering compassion requires strength due to the high work demand (Durkin, Gurbutt and Carson, 2019).

The increased responsibility can also make compassionate care stressful. A study using in-depth interviews with StNs found that they experienced emotional vulnerabilities in practice and required support in developing boundaries to deliver compassionate care (Curtis, 2014). This study demonstrates the need for the socialization of StNs and the employment of appropriate learning and teaching strategies to support them. A strategic

approach to compassionate care in curriculum development could further enhance students' understanding (Curtis, 2013). These studies highlight the importance of NLs being supportive in the student's journey and helping them to manage challenging care interventions. Studies do not go far enough in exploring the roles and responsibilities of NLs in the delivery of compassionate care. I anticipate that my research will support a better understanding of bridging the gap between theory and practice in the delivery of compassionate care.

2.6.3.2 Being a role model

Studies showed that role models are essential for StNs to develop compassionate care (Zamanzadeh *et al.*, 2018; Adamson and Dewar, 2015; Waugh and Donaldson, 2016; Straughair, 2019; Durkin, Gurbutt and Carson, 2019). A qualitative exploratory study, in which sixteen nurses were interviewed from diverse backgrounds to ascertain what influenced them in delivering compassionate care; identified deepening and individual capacity for compassionate care involved supportive role models (Zamanzadeh *et al.*, 2018). Nurses described the importance of teachers being role models and having firm personal values and beliefs. This is underscored when StNs learn about compassion and decision-making through care experiences (Straughair, 2019). Students pick up good practice when practitioners and mentors act as role models when talking to relatives (Waugh and Donaldson, 2016). It is worth noting that positive and negative experiences can affect future compassionate practice (Straughair, 2019). Nursing teachers reflected

on their practice and felt that acting as a role model was a crucial element in the teaching and learning compassionate care. Further, clarity and research on how the NLs role model compassion would be beneficial as exposure can enhance StNs learning and development.

2.6.3.3 Measuring compassionate care

Given that compassionate care has a high profile worldwide and is a necessary value in nursing, there are few tools available to measure it. More recently, a study discussed existing tools and identified the compassionate assessment tool, the compassion scale, compassion competence scale, and the compassionate care scale (Durkin, Gurbutt and Carson, 2018). While nurses are expected to perform compassionately towards others and adhere to the NMC code (NMC, 2018a), the 6Cs (DH, 2012) and proficiency standards (NMC, 2018d), there is no definitive tool for the measurement of compassionate care in nursing. Although compassionate care tools appear to be suitable, its application may be dependent on the context, for example, the clinical setting. Measuring compassionate care is limited in undergraduate nursing education and requires further research to test and develop tools (Durkin, Gurbutt and Carson, 2018).

2.7 Critical discussion

The critical literature review aimed to look at the evidence on compassionate care in pre-registration nursing education so that a contemporary viewpoint could be ascertained. The review suggests that nursing education has a

substantive role to play in helping StNs achieve compassionate practice. The literature gave a meaningful picture of the complex nature of compassionate care and how it is an essential value in nursing. NLs have a valuable contribution to the learning and development of StNs.

Compassionate care remains a much-debated concept, and it is recognized worldwide as a necessary value in creating high-quality care (Blomberg *et al.*, 2016). The nature of compassionate care is subjective to those involved and dependent on the cultural environment in which it exists. The literature indicates numerous descriptions and definitions of compassion and compassionate care (Gilbert, 2009; van der Cingel, 2011; Bramley and Matiti, 2014). Studies do offer a clear description of compassionate care within the context being discussed. However, there is a lack of consensus, making it a challenge to achieve in practice as each person will have their own interpretation. Furthermore, in order to achieve compassion requires an individualistic approach to those in need; and it is essential to be able to recognize, understand and adopt its meaning (Schantz, 2007). Compassion is a relational activity, involving a reciprocal relationship and interdependence (Dewar and Nolan, 2013). The synthesis applied to the descriptions provided a more explicit definition of what it is to be compassionate to another. It is of no surprise that compassionate care is about the understanding of a person with the motivation to act to alleviate suffering. It requires a person-centred approach which connects and is beneficial to the parties involved.

The findings reflect the breadth and depth of experiences, perceptions, and practices of a variety of HCPs in a variety of settings (Curtis, 2013; Straughair,

2019; McSherry *et al.*, 2017). The literature shows the perspectives of educators, patients, nurses, StNs, and other HCPs who demonstrate an understanding of what it is to be compassionate and agree it is an essential attribute in the delivery of patient care. However, these groups do speak of challenges which exist (Terry *et al.*, 2017; van der Cingel, 2011; Hofmeyer *et al.*, 2018; Bray *et al.*, 2014). A pivotal study by Bramley and Matiti (2014) aimed to understand the patient's perspective of compassionate care. In this study, patients said compassion required nurses to know the individual as a human being and gifting them time in care. To be compassionate nurses needed to understand being in the shoes of another, which involved effective communication in their attitude and behaviour (Bramley and Matiti, 2014). The literature indicates that nursing has a crucial role in compassionate care which in turn means nursing education plays a vital role in educating forthcoming nurses.

The literature with clinical nurse teachers suggests that self-compassion can be a source of compassionate care (Wiklund Gustin and Wagner, 2013). An earlier study with nursing educators at a nursing faculty identified some central themes for compassionate care, which included developing relationships with boundaries, recognizing suffering, embracing the emotional response and acting to making things better as well as giving more than expected (Peters, 2005). NLs are pivotal in producing competent and compassionate nurses working in a variety of settings (Durkin, Gurbutt and Carson, 2019) making pre-registration education an essential foundation for future compassionate nursing practice (Mackintosh-Franklin, 2019).

Moving forward, StNs are socialized into the profession and face many vulnerabilities. Studies shine a light on the experiences of StNs on how compassionate care is nurtured and the plight encountered during practice. A recent study by Smith and Smith (2020) concur that undergraduate StNs experience an emotional journey throughout the programme, which was overcome by being valued and supported and ended with a feeling of success. Occupational socialization into the NHS is necessary for students' development and resilience (Curtis, Horton and Smith, 2012). Based on these findings, NLs and practice partners are essential to nurturing StNs development of compassionate care. There is a need for clinical leadership and an understanding of the occupational socialization of nurses (Goodman, 2014). A diversity of backgrounds exists in modern healthcare, giving rise to different interpretations of compassionate care (Jones and Pattison, 2016; Papadopoulos, *et al.*, 2016), and so an inclusive curriculum is essential for StNs development (Morgan and Houghton, 2011).

There are a number of enablers and inhibitors to achieving compassionate care such as the work environment, poor leadership, limited resources, compassion fatigue, a target-driven culture, vulnerable students, organizational culture, and large-group teaching (Smith *et al.*, 2014; Curtis 2013; Tierney *et al.*, 2017; Christiansen *et al.*, 2015). These have left RNs compromised and nursing education to face many challenges in teaching students about the complexity of compassionate care (Curtis, 2013). NLs need a restorative space to reflect on their work experiences with a creative medium and identified that leadership, culture, professional and personal development have a bearing on compassion in the workplace (Smith *et al.*, 2014), and

should be accessible in both the classroom and practice setting. A realignment of professional ideals and the reality of compassionate practice would be beneficial to enhancing compassionate care (Curtis, Horton and Smith, 2012; Crawford *et al.*, 2014). Compassionate educational programmes have been shown to be beneficial to StNs and educators by building and nurturing a culture of compassion (Coffey *et al.*, 2019).

Nursing education should aim to create a culture of reciprocal trust, respect, and dignity sensitive to the patients' need for compassionate care delivery. The nursing curriculum should empower students to act and challenge poor practice to achieve high-quality care (NMC, 2019e). This approach highlights the need for effective clinical leadership and management (Christiansen *et al.*, 2015; Mc Sherry *et al.*, 2017) and partnership working to enable compassionate care in practice. Compassion should be discussed in practice to empower students and nurses to give quality care (van der Cingel, 2014).

Educators need to be knowledgeable on the subject of compassionate care, and use suitable methods for teaching, learning, and assessing students; as well as evaluating the effectiveness of teaching methods (Higher Education Authority, 2011). The literature suggests that learning compassionate care can be achieved through simulation-based education (Bray *et al.*, 2014; Durkin, Gurbutt and Carson 2019; Kenny, 2016). Scholars have researched many methods such as reflections, poetry, stories, music and narratives (Jack and Tetley, 2016; Waugh and Donaldson, 2016) which have proven beneficial in enhancing the teaching and learning of compassionate care. The measurement of compassion, however, is not so straight forward and requires

further investigation (Papadopoulos and Ali, 2016). There are tools to support the measurement of compassionate care; however, they are dependent on the context and the psychometrics applied (Sinclair *et al.*, 2017).

Nursing education needs to be active and engaging and provide learning opportunities that involve technologies (Hofmeyer *et al.*, 2018). This promotes inclusivity, ensuring that students can reflect, manage feelings, and seek feedback from peers, mentors, and lecturers about their practice. Role modelling by NLs exemplifies compassionate behaviours, supports teaching and learning, and creates a compassionate culture (Curtis, 2014; Straughair, 2019; Zamanzadeh *et al.*, 2018). Using narratives of compassionate care promoted reflective thinking and learning from peer experiences (Waugh and Donaldson, 2016). StNs can learn how to be compassionate by utilizing nursing therapeutics, which help develop relationships when providing routine nursing care (Richardson, Percy and Hughes, 2015). Compassionate care education helps nurses cope with challenges and enhances their engagement in reflective practice (Coffey *et al.*, 2019). Teaching, learning, and the assessment of students in compassionate care require a strategic approach to embed core values in the curriculum. The following section provides an overview of the limitations of the salient literature.

2.8 Limitations of the critical literature review

The review aimed to identify the body of knowledge around compassionate care in nursing education. This review has synthesized and critically evaluated

published literature and reported on a variety of perspectives of compassion and compassionate care. The evidence not only yielded numerous challenges faced by health professions in achieving compassionate care but also offered solutions in the form of themes. The search strategy identified full English text journal articles, and so articles in another language were not included; however, these could have offered some insight.

The articles reviewed did not fully explore the role and responsibilities of NLs in terms of how compassionate care is performed. It was difficult to extract and evaluate the perspectives of NLs in some studies that were reviewed. Although the research methods used are appropriate in the studies, a visual ethnographic methodology would provide a visual perspective in understanding the culture surrounding compassionate care. Hence, this approach to understanding compassionate care gives a thicker description and perspective (Harper, 2002).

2.8.1 The identified gap in knowledge

On the review of the literature, there appears to be a shortage of studies which explicitly explore the performance of compassionate care by NLs. A systematic review found very few articles that concentrated on the role education plays in fostering compassionate care (Durkin, Gurbutt and Carson, 2018). Few studies also make clear or feature adult nursing (Kneafsey *et al.*, 2015; Curtis, Horton and Smith, 2012; McSherry *et al.*, 2017; Jack and Tetley, 2016), therefore justifying the need to focus on NLs' perspective about adult

nursing. The literature affirms that compassionate care is a significant value to be nurtured in pre-registration nursing education.

The majority of the studies in the review are qualitative and use interviews, focus groups, and field notes to capture participants' experiences. Creative approaches are used in some studies for example collage, reflective writing, poems and workshop and cafes (Winch, Henderson and Jones, 2015; Smith *et al.*, 2014; Jack and Tetley, 2016; Wiklund Gustin and Wagner, 2013) which provide a deep understanding of compassionate care. Studies generally used a qualitative exploratory design, phenomenology, and grounded theory to achieve their research aims. An ethnographic approach was not used by the studies identified in the review, which could have achieved a better understanding of the culture in the provision of compassionate care within pre-registration nurse education. Ethnography looks to understand people behaviour, culture and attitude (Pink, 2013). I anticipated that a visual ethnographic approach would provide a more in-depth description and insight into NLs behaviours, attitudes and beliefs, leading to a better understanding of their performance of compassionate care within APNC. The narrative, in conjunction with the visual, will give more understanding of how compassionate care is enacted in the APNC.

2.9 Reflexive lens



Photograph 2: The widening and narrowing of the lens taken by Juliet Drummond.

I became interested in the NLs perspective due to the limited literature on how compassionate care was taught and performed in the APNC.

Photograph 2 illustrates the polarising effect of the camera, and my gaze was widened and narrowed, as I became engaged with reading, selecting and evaluating research articles. Upon completing a critical literature review, I became aware that my understanding of compassionate care had moved on and reached a stage of self-discovery and knowledge-discovery. This was enhanced by revisiting and updating the critical literature review in order to refresh the everchanging landscape of compassionate care, as new authors added to the body of knowledge. The process can also be likened to the many brushstrokes of a Van Gogh self-portrait (1889), on close examination of each stroke of the brush the picture is not clear, it is only evident when you gaze standing back. The art of examining the literature, through search and synthesizing led to the creation of new knowledge, identifying gaps, and finally, my study focus. The process of reflexivity was a blurred one with numerous trails to negotiate; there are endless de-constructions, analysis and self-disclosure along the way (Finlay,

2002). This process of scrutiny led to the birth of the research questions restated below:

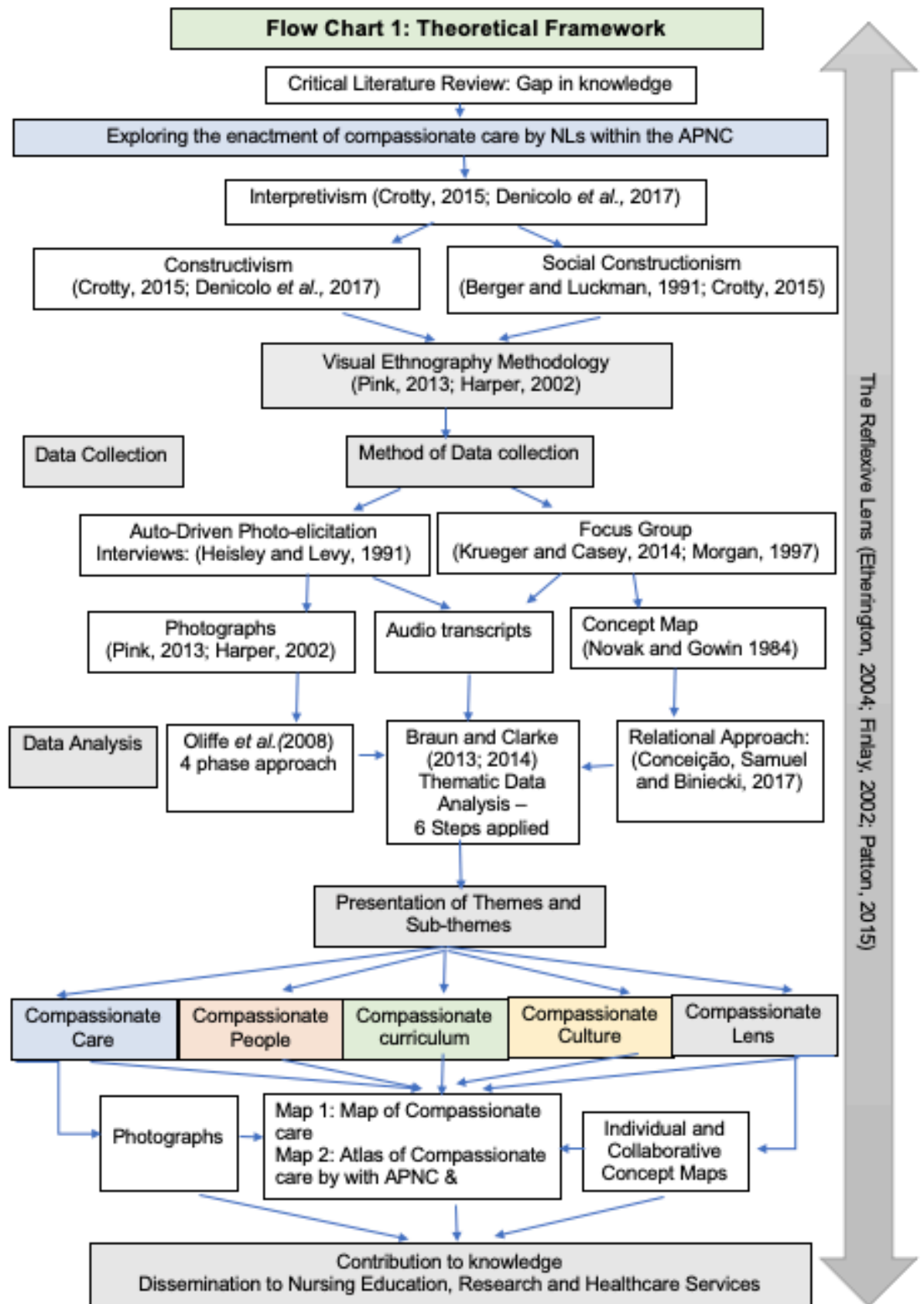
- What does compassionate care mean to NLs?
- What are the experiences of NLs learning and teaching compassionate care in the APNC?
- How is the concept of compassionate care enacted/performed by NLs within the APNC at a local university?

2.10 Chapter summary

This chapter outlined the current knowledge on compassionate care in pre-registration nursing education. Studies were critiqued, and three themes were identified following thematic analysis: the complexity of compassionate care, enablers and inhibitors of compassionate care, and nurturing compassionate care in pre-registration nursing. It is evident from this review that there are limited studies that address and answer the research question on the contributions of NLs in their performance of compassionate care in the APNC. The review demonstrates the vital role and contribution of NLs in the teaching and learning of compassionate care. The following chapter outlines the methodological approach to complete the study.

Chapter 3: Methodological Lens

The previous chapter's critical literature review exposed a scarcity of research about NLS' perspectives and performance on compassionate care in nurse education. The methodology is a framework of theories that links and guides the research methods and procedures, thus creating the research design (Holloway and Wheeler, 2010; Hesse-Biber and Leavy, 2017). This chapter aims to explore and provide a clear rationale for the chosen positionality relating to the research paradigm, interpretivism, and the chosen visual ethnographic approach. A discussion on the research design, including sampling, the pilot study, data collection, data analysis, reflexivity, and ethical considerations, will follow. The goal is to be open and transparent about the research process. Further to this, a theoretical framework (Flow chart 1) outlines the research journey and contextualises the research process. It shows the structure of my thinking concerning the supporting theories that are most relevant to the study. It explains the movement and relationships of different theories and therefore guiding the reader of my thinking.



3.1 Interpretivist lens

A paradigm is like looking into the camera lens and directing your view of the world; this viewpoint and understanding is based on a chosen constructed perspective from multiple experiences and contexts. It is best described as a philosophy, world view, or set of beliefs and values, along with all their complexities, that justifies a research design (Cibangu, 2010; Polit and Beck, 2014; Parahoo, 2014). There are several paradigms influencing the research process, such as positivism, naturalistic, pragmatism, critical theory (Polit and Beck 2014), and interpretivism (Creswell 2013).

Positivism is preoccupied with the acquisition of knowledge through objective reality, looking only at what can be objectively observed, measured, tested, and empirically verified through the senses (Bryman, 2012). Data is usually quantified using questionnaires or surveys and analysed using structured measuring tools that provide a numerical and statistical language that can be replicated (Parahoo, 2014; Bryman, 2012). There is little regard for contextual factors such as opinions, values or culture (Bowling, 2009; Cibangu, 2010), resulting in a 'disenchantment of the world' as generalisations are made (Weber, 1919, in Flick, 2018). This approach is not in line with the subjective nature and views of people in the natural world. With positivism, the research outcome is independent of the researcher and those being studied, therefore seeking to ascertain the facts and be objective (Bowling, 2009; Denscombe, 2017). This study's approach is not positivist, as it is not based on scientific observation and strict laws (Gray, 2014); instead, it seeks to understand the view of NLs.

Interpretivism seeks to explore and contextualise people's culturally derived experiences, views, and interpretations, of the world (Denicolo, Long, Bradley-Cole, 2016; Gray, 2014; Crotty, 2015); attaching meaning and understanding to the subjective reality (Holloway and Wheeler, 2010). The perceptions of people through re-enactment (Creswell, 2013) involve their interactions with each other in their natural setting (Topping, 2010). Central to interpretivism is the tenet that human beings are continually interpreting the ever-changing world, which is constructed. Therefore, findings can never really be generalised, because data is laden with seeing through the eyes of those being studied (Bryman, 2012), which is then individualistic and value-laden. An inductive style approach allows for an in-depth description of NLs perspectives and encourages the creation of new knowledge, which is theoretically and practically beneficial. The fruits of which are more detailed data sets, leading to trustworthiness and honesty, thus providing rigour. The interpretivist approach strives to figure out and interpret what participants are saying, and through this gain understanding, also referred to as 'Verstehen' (Flick, 2018; Willis, 2007). The literature presented in Chapter 2 confirms the use of a qualitative approach in the majority of studies, which elicits a subjective reality.

3.1.1 Constructivism and social constructionism perspectives

Interpretivism has multiple interpretations as opposed to making generalisations; this helps the researcher understand how people interpret and interact within the social contexts which is constructed. Constructivism is

concerned with how people construct their world (Crotty, 2015), and as such, there is no single interpretation of reality but multiple ones. This lends itself to exploring broad concepts such as compassionate care, which is individualistic. A constructivist approach offers the gap between the researched and the researcher to be narrowed due to their interaction (Polit and Beck, 2014), as both co-create understandings and acknowledge subjectivity. The premise is that people make sense of the world through constructed realities, which are valid and worthy of respect. Realities are construed individualistically and are never exactly the same and can change (Denicolo, *et al.*, 2017). NLs construct their perspectives and meaning by reflecting on their role, and this may be in the context of others' previous experiences. NLs' reality will be captured through using a visual ethnographic approach, discussed in more depth in section 3.3.1. NLs are not expected to provide a single answer to the research question but instead provide multiple answers, giving insight into any given focus or context.

Social constructionism is the way people construct meaning together and make sense of the world (Williamson, 2006) and involves the interactions of people and things through language, culture, environment and religion (Berger and Luckman, 1991). This is a useful approach in exploring the experiences of NLs, as it is their social relationships and use of language that determine their perspectives of compassionate care. NLs construct meaning when interacting with others, such as students and colleagues who add context to the performance of compassionate care. When constructivism is applied to research, it is a collaborative process, where the researcher is part of the phenomena under examination and is not from an objective standpoint or

detached from the participants. Instead, an inductive approach is utilised, which involves a bottom-up approach that adapts a more collaborative process with participants to achieve a better understanding (Creswell, 2013). An 'emic' perspective was used to understand and describe the views from within the group (Roper and Shipira, 2000; Polit and Beck, 2012); this is later discussed in section 3.2.1. It is my view that social constructionism and constructivism complement each other in the creation of constructed knowledge and making sense of the world (Williamson, 2006). Both approaches are aligned with the study and are equally valid and recognised by the researcher.

3.1.2 Ontological, epistemological and axiological perspectives

It is crucial to establish the ontological, epistemological and axiological perspectives to enable what counts as reality, knowledge and the role values play in the research process (Creswell, 2013). As reality is subjective, socially constructed, and multitudinous, it is seen through various gazes (Creswell, 2013; Wahyuni, 2012). The ontological position dictates what is under investigation and how a study is designed (Flick, 2018). Ontology comes from the Greek word 'ontos', meaning 'being', and 'logos', meaning 'the study of' (Flick, 2018). Compassionate care can be viewed as socially constructed, both individualistic and relational in its delivery, leading to multiple meanings that can change.

Epistemology is the philosophical study of the nature of knowledge (Gray, 2014; Flick, 2018). It answers the question, 'how do we come to know what we know?' Epistemology is about 'what kinds of knowledge are legitimate and

adequate' (Gray, 2014, p. 19) and the justification of belief (Creswell, 2013). The production of knowledge created through a constructivist and constructionist lens by NLs sharing their experiences of the social world, which is based on their subjective experiences of their culture, social interactions, and behaviours, within any given context. True knowledge is in a constant state of change that fluctuates with the context (Plato, in Gaarder, 2007), as will the search to find the underlying meaning of compassionate care. As a result, a relativist approach to human interpretation and knowledge is achieved (Braun and Clarke, 2014).

Axiology is about being value-laden (Creswell, 2013). It is imperative to acknowledge my values as a researcher, as well as those of the participants. Compassionate care is a highly regarded nursing value, and as such, its performance is integral. Interpretations are shaped by the participants' constructed experiences of life as well as those experiences in nursing and nursing education. As a research instrument, it was essential to reflexively step back and look critically at my role in the research approach and interactions with participants. Throughout the study, reflexive consideration was given in relation to backgrounds, thoughts, actions, emotions, and assumptions (Darawsheh and Stanley, 2014).

3.2 Reflexivity

This study is laden with my professional and personal experiences of compassionate care. Self-reflexivity and the encouragement of reflexivity in

the participants is an essential part of my research approach. I have employed a continuous process of self-reflection to ensure awareness of actions, feelings and perceptions (Finlay, 2002; Darawsheh and Stanley, 2014; Polit and Beck, 2012). I hope to make clear any decisions made throughout the research process, to enable transparency and promote integrity (Finlay, 2002). I positioned myself as both an insider and outsider in this study, which is discussed in more detail in section 3.2.1. Given the dual role of operating as both a colleague and a researcher, taking the position in the middle and choosing one perspective was insufficient in describing my role (Breen, 2007). Operating as an insider, I was able to gain access to a group of NLs to discover their experiences. It was important to remain balanced in my position throughout the research process.

As a British Afro-Caribbean woman, whose mother was an RN and part of the Windrush generation, I found nursing care an important part of my culture and life. My daughter, sister, aunts, and nieces are also RNs, so I belong to a family who holds the values of caring and compassionate with high regard. My knowledge was developed from certificate level to master's level; the acquisition of knowledge was both constructed through self and with others. As an RN and adult NL, I have a desire to help and alleviate suffering, recognising the need to support service users, students and colleagues. I sometimes worried about sufficiently capturing the experiences of those involved and the broader context of compassionate care. My presence as a researcher in the field meant employing a more considered approach. I addressed the power imbalance, which sometimes makes itself apparent in interviews (Finlay, 2002), by focusing on the visual, such as photographs and

the development of concept maps that allowed participants to direct the discussion. It was essential to be responsive to certain cues that came to light to establish trust, as I wanted NLs to openly talk about their experiences and make a valuable contribution. My performance of compassionate care became visible, through a constructivist and social constructionist lens. This was based on an individual and relational understanding of my practice and the development of knowledge. I am enthusiastic about the visual and the opportunities it brings to the concept of compassionate care. A visual ethnographic approach conveys its unique language of performance, offering a rich insight into NLs experiences and addressing the power imbalance.

The following belief and values would have impacted on this study:

- Respect for life and to all living things.
- A person-centred approach in caring for others is paramount in achieving compassionate care.
- Equality and diversity for all involved.
- To be able to articulate effectively is key to achieving safe, quality, compassionate care.
- There are legal, ethical and professional standards impacting on compassionate care delivery.
- The delivery of pre-registration nursing education should be at the highest standard to protect the public and self.
- Excellent leadership and collaborative teamwork can enhance compassionate practice.

As the research instrument, these values and assumptions are laid out to demonstrate the importance of reflexivity and transparency, as I am part of the research process.

3.2.1 Insider and outsider perspective

Staying true to an interpretative approach, the researcher and the participants have a connection with each other (Creswell, 2013; Crotty, 2015). The insider/outsider position can be understood as the degree to which the researcher is located within or outside the group being studied, due to their membership status within the group (Gair, 2012). This resonated with me, as I foresaw equal strengths in these positions. My status as an RN, colleague and researcher provided valuable opportunities to engage with key stakeholders and potential participants, as well as being able to employ a planned research design that was reflexive. There were some challenges in balancing interpersonal dynamics and operationalising research process, which required careful articulation. Understanding and negotiating my lens between the two positions allowed an in-depth knowledge of self, the organisation, participants and the research process.

I was motivated to follow due diligence throughout the study and accepted that my background, knowledge, and preconceived ideas could have prejudiced or influenced the findings of this study (Finlay, 2002). I tried not to impose my thoughts and experiences on NLs, and instead tried to cultivate a relationship that allowed them to talk openly and direct the flow of discussion. I wanted to

observe and synthesise the collective behaviours of NLs to gain a better understanding of the cultural context in which they operate to achieve compassionate care. This approach allowed me to occupy the space as both insider and outsider (Corbin-Dwyer and Buckle, 2018). Being reflexive about these relationships strengthens the validity of the study (Flick, 2018). I listened attentively to capture the voice of NLs and their perspectives; this helped to remove assumptions and gave rise to a more in-depth, open and transparent conversation. The operationalisation of the research process added to the outsider perspective.

My reflexivity was enhanced by a photo journal exploring my inner self's nature regarding my norms, values, and beliefs about my role and research journey. The research process was empowering as I travelled through self-discovery. It is important that researchers understand how their experiences shape their interpretations and the findings identified in their research (Creswell, 2013). Therefore, as a researcher, it is ethically essential to make clear my positionality by openly talking about and recording my thoughts on the research journey. During the pilot stage, I noted my desire to disclose my thoughts to participants, which encouraged them to open up (Etherington, 2004). I became conscious of my feelings, and my love for art, creativity and visuality was affirmed. I assumed that using a visual method would be liberating for those involved and illuminate the experience of being a compassionate NL. The act of storytelling helps people to understand the experiences of themselves and others (Frank 1995, in Etherington, 2004), which helped the research process. During the data collection and data analysis, care was taken to ensure all comments were treated equally and

fairly. Using my knowledge and experience of working in both healthcare services and higher education helped gain a better understanding of different perspectives and my interpretation of the data.

Throughout the doctoral journey, meeting with my university supervisory team developed my thinking and confirmed the direction of my research. It was my responsibility to set out clear time frames, discover and learn about a variety of concepts and theories on the research process so that the creation of new knowledge adds to the body of existing knowledge in compassionate care. The chosen paradigm, ontology, epistemology, axiology, and the reflexive attitude are intrinsically linked, leading to an appropriate research methodology.

3.3 Selecting a research methodology

The methodology is a framework demonstrating the decisions made regarding the research (Braun and Clarke, 2014). It is concerned with 'why, what, where, when and how data is collected and analysed' (Scotland, 2012, p 9.). The epistemology, ontology, and axiology already discussed are the basis of the chosen research methodology. As discussed, a quantitative approach, for example, would not have been beneficial in ascertaining how NLs perform compassionate care, as it fails to see people as individuals with a fluid perspective. Studying compassionate care required a robust approach to uncover its complexity. A qualitative research approach offered more flexibility and the ability to triangulate data for a more holistic discovery. It is based on

an understanding of people and requires the researcher to be involved in the ongoing approach of data analysis (Polit and Beck, 2012). The qualitative approach is more person-centred, captures the individual perspective and provides a new understanding of how life is lived by those involved.

The main reason for using a qualitative approach is that it is more aligned with the research question (Flick, 2018). To understand how NLs, perform compassionate care within the APNC, there is a need to explore their personal experiences within their particular context. Starting with a hypothesis would not have provided an in-depth, rich description of their lifeworld (Flick, 2018). The critical literature review highlighted that most studies used a qualitative methodological approach to explore compassionate care that garnered the perspectives of patients and a variety of professionals who support compassionate care in the nursing curriculum (Durkin, Gurbutt and Carson, 2019; Papadopoulos *et al.*, 2016).

3.3.1 Visual ethnography

Visual ethnography is both a methodology and a method, involving ways of seeing (Pink, 2013), and it is both collaborative and participatory (Pink, 2008). Society is saturated with images from the Internet and the very act of making images (Pink, 2013). Visual ethnography unlocks new ways of seeing and representing the world, emphasizing 'the emotions, the sensory, the artistic and creative elements' of people (O'Reilly, 2009, p.221). It offers a plethora of creations to include the depiction of photographs, films, maps, drawings, art

and material culture (Banks and Morphy, 1999; Pink, 2013; Rose, 2013) which are visual representations of the world. Images can support words as well as convey messages (O'Reilly, 2009); it also helps the researcher understand what may be invisible (Pink, 2013). The visual system is an essential part of human culture, and perceptual processes (Banks and Morphy, 1999) as images are part of everyday activities. Encountering the visual exposes new kinds of knowledge of people's thinking and the spaces they encounter, which challenges the researcher to strike a balance between words and images. The visual ethnographer seeks to understand practice and images that participate in people's worlds, thus illuminating reflexive ways of knowing self and others (Pink, 2013). It helps the researcher to get close to the participants as they share emotive experiences, their behaviour and discuss relationships through images. Visual ethnography is a 'process of learning and experiencing' rather than just collecting data (Pink, 2013, p. 31), as such there is the capacity of the researcher and participants to gain a better understanding of their attitudes, behaviours and beliefs around compassionate care delivery.

Visual representation in society is increasingly being recognised as a way of eliciting conversations, empowering participants and building bridges between researcher and participants (Balmer, Griffith and Dunn, 2015). The image tells a story and or can elicit stories (van Den Scott, 2018). The combination of visual images and text can provide rich insights and understanding (Pink, 2007; Oliffe *et al.*, 2008). This study adopted a visual ethnographic methodology because it helps create and represent knowledge about cultures and individuals (Pink, 2007) and seeks to understand culture through

individuals' words and actions within a group (Polit and Beck, 2012). Furthermore, it is concerned with an individual's ideas patterns and behaviours learned by humans (Rashid, Caine and Goez, 2015).

Visual ethnography lends itself to constructivism and social constructionism as it is unique in offering the opportunity to conduct an in-depth exploration of NLs' practices, shared language, and customs in compassionate care. Ontologically, I believe there are multiple realities, and epistemologically the interactivity between the researcher and the participants, offers creativity and flexibility in the acquisition of knowledge (Polit and Beck, 2012). The aim is not to represent reality but to ascertain the subjective perceptions and experiences. This visual ethnographic approach elicits the views of NLs using auto-driven photo-elicitation interviews (ADPEI) which involved storytelling through photographs. In addition, the use of a focus group showed how NLs engaged, reacted and communicated in their role by developing an individual and collaborative concept map. Collaborative concept maps are a way to 'organise, represent and create knowledge' in small groups (De George Walker and Tyler, 2014, p. 2), which is discussed further in section 3.3.4. This approach provides an understanding of not just how compassionate care can be taught but also the culture in which it resides. NLs are empowered to express their academic knowledge through a process of engagement, which transforms their artistic licence to be autonomous in controlling their interpretation of experiences (Horner, 2016). Using a combination of methods gives voices to those who may be silenced or marginalised in a group setting (Michell, 1999), gaining an individualistic perspective in ADPEIs and the collective response in the focus group.

Culture comprises of the ideas, beliefs, and knowledge that characterises a particular group of people (Strauss and Quinn, 1997) giving rise to meaning and understanding of dialogue. Another classic definition focuses on patterns of behaviour, customs, and a way of life (Fetterman, 2010). The combination of both definitions provides a starting point for understanding the culture of NLs in the performance of compassionate care. Using a visual ethnographic approach captures NLs behaviours through the use images and conversation. Participant observation is one of the methods attached to ethnography. However, I decided not to observe NLs directly, as my current role already provides me with a connection to the working lives and relationships of NLs, although not exclusively (Olfie and Bottorff, 2007). Participant observation has several limitations, such as limiting actual exploration of human behaviour (Morgan, 1997). It was felt that if NLs were observed, their behaviour might change and not provide a genuine reflection of their interactions. As a NL, I am fortunate to be working closely with other NLs and so do feel immersed in the culture. ADPEI and focus groups are separate approaches that do not require the researcher's cultural immersion. The researcher is able to elicit different types of knowledge, experiences and behaviours from NLs by using these different approaches, which are discussed later in section 3.3.2 and 3.3.3.

A visual ethnographic approach is both participatory and reflexive (Pink, 2007; Olfie *et al.*, 2008; O'Regan *et al.*, 2019), giving NLs ownership over their experiences and working culture. This approach is compassionate in itself

because the process of participation facilitates NLs to look within themselves and the culture in which they exist.

3.3.2 Auto-driven photo-elicitation interviews (ADPEI)

Visual ethnography seeks to understand visual practices in people's world and casts a reflexive focus for the researcher (Pink, 2013). This approach lends itself to the use of a camera to explore the performance of compassionate care. Photo-elicitation (PE) is the insertion and use of photographs to stimulate dialogue during research interviews (Harper, 2002; Collier and Collier, 1986; Banks and Zeitlyn, 2015), and it originated with photographer and researcher John Collier in 1957 (Harper, 2002). Photographs are a way of recalling memory and are a medium of communication (Boucher 2018). There are two main PE methods: one where the researcher chooses the picture for discussion (Harper, 2002) and other where participants generate the image for discussion (Heisley and Levy, 1991; Epstein *et al.*, 2006).

Within participants produced images, there are number of different types of elicitations. The terms photo novella, photovoice and auto driven photo-elicitation are sometimes used interchangeably; however, differentiations have been made between them (Pauwels, 2015). For example, photo novella has been described as more emancipatory and is viewed similar to photovoice, which is about exerting influences and change, through participation and social action (Pauwels, 2015). In addition to these, is the photo essay which uses photographs accompanied by text or a caption (Pink 2013). Auto-driven photo-elicitation (ADPE) builds on these approaches, by

shifting the balance of control to participants; thus, NLs lead the discussion and choose the order of their photographs (Ford *et al.*, 2017). The term 'auto-driving' means 'using the combining form meaning self, "auto", to indicate that the informant's response is driven by stimuli drawn directly from his or her own life' (Heisley and Levy, 1991, p. 257). ADPE allows the participants to communicate the dimension of their life, leading to a more inductive approach (Clark- Ibanez, 2004), thus revealing a visible perspective from NLs.

The potential of photo-based methods is recognised in health and nursing-related studies for the nursing gaze and generating compelling data (Riley and Manias, 2003, 2004; Steinfeldt, Therkildsen and Lind, 2019). The study's chosen approach is ADPEI, which uses the interview to equalise power relations between the researcher and the researched, thus allowing the control to be shifted to participants, so that they may feel empowered (Ford *et al.*, 2017; O'Brien 2017). It was selected over other approaches of PE, as ADPEI exposes a different kind of perspective by using photographs to trigger memories. It is a good baseline for interviewing NLs as it allows them to regulate how they share their experiences, understanding and behaviour of compassionate care.

Photographs can depict the dimensions of the social world in which life happens (Harper, 2002). The idea of using photo-elicitation was born out of a personal interest in photography, and to build further on a study discussed in the critical literature review that used creative methods to develop compassionate care (Dewar, 2012; Dewar and Mackay, 2010). Photographs

are constructions (Ford *et al.*, 2017) and are shaped by the context people place on them.

It was my belief that NLs taking their photographs gives them meaning and voice. Furthermore, it addresses the power balance as they are able to guide the interview discussion. Barthes' (2000) concept of the punctum and studium offers a way of seeing photographs by exposing hidden meaning and what is explicit to the eyes of NLs. This unfolds and clarifies NLs and self's knowledge, as photographs act as a starting point that captures subjective reality. Auto driving provides a concrete representation of a difficult concept, allowing the researcher to see what could not be communicated, increasing inclusivity and active engagement (Shell, 2014). This method was chosen to provoke conversation, be more emotive, and allow for a more in-depth dialogue with participants (Harper, 2002). NLs reflected on and shared their perceptions, experiences and stories, which helped visualise compassionate care and understand how it is performed and nurtured. Inserting a picture into an interview results in a more extended and more detailed interview (Collier and Collier, 1986) because NLs have to recall events and reflect on them. Data collection for ADPEI is explained in detail in section 3.6.2, and flow chart 2 gives an overview of the research design process involved.

3.3.3 Focus group used to develop concept maps.

Focus groups are useful for self-disclosure (Kreuger and Casey, 2014) and are a popular method to study health-related problems as they provide the

means for participants to interact in a supportive environment (Polit and Beck, 2012; Saks and Allsop, 2019). Having a focus group is ideally suited to exploring the complexities of compassionate care in the APNC, as it encouraged NLs to share their opinions and feelings. The focus groups permitted NLs to explain, explore contest, and alter their viewpoint through discussion, which illuminated NLs' perceptions, understanding and experiences. Focus groups highlight inconsistencies and commonalities within the group (Goodman and Evans, 2015) thereby exposing group norms, knowledge and attitudes (Saks and Allsop, 2019), which was appropriate when trying to generate discussion around the issue of compassionate performance.

The schedule of the focus group can be summarised in three stages. Stage one involved a welcome and the establishment of ground rules to ensure everyone was able to contribute. Stage two involved NLs drawing an individual concept map that defined what compassionate care meant to them and how it was performed within their practice and the curriculum. This was followed by a collaborative map drawn by the group to depict collective ideas and perspectives of compassionate care within the APNC to be shared. The final stage involved the summing up of proceedings. Data was collected in a small group based on a schedule of questions that facilitated group discussion (Silverman, 2015; Krueger and Casey, 2014). The decision to use a focus group was made to allow NLs the opportunity to voice their perspectives through social interaction with peers. The location was on campus, which was familiar to the NLs. The room was spacious with access to toilets, refreshments and transport (Saks and Allsop, 2019).

A small group of five participants was achieved for the focus group. The topic of compassionate care can be an emotive topic and is suited as a small group discussion. The ideal size of a focus group can vary from five to ten; smaller groups give the opportunity to share insights, make hosting more manageable and are also more comfortable for participants (Krueger and Casey, 2014). Small groups are of value when the topic is complex, sensitive, or emotionally charged (Holloway and Wheeler, 2010; Morgan, 1997) and are an efficient way of gathering data (Kreuger and Casey, 2014). The sample size and recruitment for this study is detailed in full in section 3.5.1 and 3.5.2. The literature supports small focus groups (Straughair, 2019; Kneafsey *et al.*, 2015; McSherry *et al.*, 2017), as it allows more time for a more in-depth discussion.

Furthermore, having a common focus, familiar setting and similar tasks can support a more intimate discussion of experiences (Holloway and Wheeler, 2010). Being acquainted with each other led to NLs being able to speak freely and enhanced the moderator role. Skilled moderators cannot be underestimated (Kreuger and Casey 2014) in stimulating spirited conversations. As the moderator, I led the discussion, and ensured all aspects of the schedule were discussed and key points summarised; two assistant moderators were also involved in greeting participants and making comprehensive notes (Krueger and Casey, 2014).

3.3.4 Concept maps

Concept maps are a tool to assist in visualising concepts and their development (Novak and Gowin, 1984; Wilson, Mandich and Magalhães, 2016; Butler-Kisber and Poldma, 2010), leading to NLs being able to illustrate and document their ideas. Concept maps are a creative and structured way to show relationships diagrammatically (Kara, 2015). Concept maps support data interpretation as it emerges, reflecting the relational aspects of the data (Butler-Kisber and Poldma, 2010). Concept maps are usually arranged hierarchically, with the fundamental concepts at the top and the details described below (Eppler, 2006). Using individual concept map and a collaborative concept map created space which helped NLs connect their knowledge and establish relationships (Sadler, Stevens and Willingham, 2015). This approach provided a better understanding of compassionate care from an individual and relational perspective. The use of maps helped NLs record their enactment of compassionate care, as Schechner and Brady (2014) suggested that map-making is a performance and is a way of representing the world. In the context of this study, the maps illustrate the performance of compassionate care, allowing the examination and interpretation by others.

3.3.5 Data analysis

Photographs, concept maps and transcript data were analysed using a qualitative approach. Qualitative research offers several approaches to

analysing data, and most researchers use a combination of approaches (Green and Thorogood, 2004) which provides a rich and in-depth understanding of the results (Kara, 2015). A mixed-method of analysis and data integration was used that ensured triangulation and a more productive analysis (Kara, 2015). All data sets contributed to answering the research question and achieving the research aim. Two main methods have been creatively used to capture compassionate care's complexity and ensure that the data was fully explored. Firstly, Braun and Clarke (2013) six-step thematic data analysis was fully embraced and used for the ADPEI, focus group and concept maps. This approach was chosen for its clarity, ease of use, flexibility and compatibility with an interpretative approach (Braun and Clarke, 2013). Data analysis of the focus group audio recording and concept maps was completed simultaneously to grasp a better understanding of the data (Butler-Kisber and Poldma, 2010). This data set was effectively managed through a careful synthesis so that the research questions are addressed. An inductive thematic analysis approach was applied (Reeves, Kuper and Hodges, 2008). Following data analysis, I developed two maps to give an oversight of the journey of the performance and emotions of compassionate care.

The second approach utilised Oliffe *et al.* (2008) four-phase approach to analyse the photographs. This involved previewing, reviewing and cross-comparisons and theorising. This accommodated the data analysis process with Braun and Clarke (2013) and allowed a greater interpretation of what is said and understood about photographs (Oliffe *et al.*, 2008). The photographs provided valuable insight and reflection into the visual performance of compassionate care which are presented in chapter 5.

An exploratory approach was used for the data analysis with a bottom-up method to ascertain individual and group perspectives. An inductive approach condenses raw data, establishes links with study objectives and develops a structure of experiences that is evident (Thomas, 2006). I wanted to see the data in its purest form with few pre-conceptions, influenced by the interpretation of participants' accounts and the data analysis process. This was shaped by my ontological, epistemological and axiological perspectives. The data analysis process is discussed in greater depth in section 3.8. The final codes, sub-themes, themes and overarching themes can be viewed in Appendix 20.

3.4 Ethical considerations and approval

Research ethics is fundamental to any research project and is about acting with integrity and respecting others (Emmison, Smith and Mayall, 2012). A number of frameworks offer principles and guidance in considering ethical issues in this research project. This study has incorporated the four principles of biomedical ethics (Beauchamp and Childress, 2019) and visual research ethics (Wiles *et al.*, 2008). Codes of practice also provided guidance on managing ethical issues (UKRIO, 2020; ALLEA, 2017). As a researcher and RN, I had a duty of care, to act by following ethical research principles, with competency, and within the boundaries of the research process. The following sections show how ethical issues were considered and addressed to create transparency and to demonstrate the decision-making process of this study.

3.4.1 Ethical approval

Before conducting the research, much thought was given to developing a research proposal and agreeing on the site of the study (Creswell, 2013). It was essential to scrutinise various ethical standards and principles in relation to using a visual methodology. The ethics committee scrutinised my research in terms of the benefits and to protect participants from the harm that may be caused during the study (Denscombe, 2017; Polit and Beck, 2014). Ethical approval was achieved initially in 2017, which allowed the study to be undertaken with NLs (Appendix 6). However, a further application was made to include participants from the pilot in April 2018. The ethics committee provided reassurance in protecting participants and identifying potential risk.

3.4.2 Anonymity and confidentiality

As this research used a visual methodological approach, this carried with it a unique set of circumstances. Anonymity poses the most significant challenge, as photographs identify people and places (Rose, 2013). Photographs and images created by participants come under artistic works (Wiles *et al.*, 2008) and are covered by UK law, Copyright, Designs and Patents Act, 1988 (Great Britain Parliament, 1988). To use the images, permission was sought with the photographer and those photographed. As a visual researcher, the issue of copyright was a minefield, as it was not enough to just anonymise names and use pseudonyms in the caption (Wiles *et al.*, 2008). This can be overcome by

anonymising the image and blocking out identifying features with the consent of participants. This has been questioned by various authors, as the image loses its authenticity and so obscuring faces can be seen as dehumanising (Rose, 2013). However, without anonymity, individuals can be identified by those who know them or can be traced by interested parties (Bank and Zeitlyn, 2015). I chose to cover faces to protect the anonymity of participants. Permission from the research participants was required for the inclusion of photographs in the study, which also had to be compliant with the UK Copyright Designs Patent Act (1998) (Great Britain Parliament, 1988). Verbal and written consent was gained before taking any photographs of people. Participants taking part in this study signed consent forms (Appendix 7, 8 and 9); this also included anyone who appeared in the images, such as StN (Appendix 10). Images taken without written consent were not used. Participants were asked not to take pictures of children on NHS property. Respecting and safeguarding children and people using NHS services was held in high regard (Wiles *et al.*, 2008; ALLEA, 2017).

Photographs of places are also considered problematic due to anonymisation and confidentiality, whether they show people or not (Wiles *et al.*, 2008). The photographs provide a visual perspective that is beneficial to share. However, as a researcher, I am governed by ethical regulations and professional guidelines (Wiles *et al.*, 2008). Participants chose what photographs could be disseminated and shared in the thesis and any research outputs. During the briefing, participants were informed of their responsibility and meeting personal safety involved when taking photographs. All photographs used in the public domain have been agreed on by the participants. Photographs used

for exhibitions, conferences and university web pages would all require consent. It was important for participants to feel comfortable with how their images are presented and so they were given two weeks to withdraw their consent for the use of images before a public event and publication. Participants should not be exploited or deceived (Creswell, 2013).

The principle of not harm (Beauchamp and Childress, 2019) is addressed by protecting the participants and the public. NLs were informed that confidentiality might not be maintained if there was a breach of trust, concerning unethical practices, beliefs, attitudes or behaviour that is incompatible with professional practice (NMC, 2018a). There were no breaches raised that required escalation. As a researcher, I was accountable for my actions and omissions throughout the research process. Research should comply with the project outlines, which should apply good governance and transparency and ensure the safety of participants and others (UKRIO 2020).

3.4.3 Informed consent

The consent was agreed by around the use of photographs posed a particular challenge in the organisation, management and dissemination, which was overcome by due diligence in the provision of information and written consent. Participants were informed of all aspects of the research process involving their contribution so that they were able to make an informed choice. This needed to be given voluntarily, so participants feel in control of their decisions.

Allowing participants to have time to deliberate, and respecting their autonomy is an essential ethical principle (Beauchamp and Childress, 2019); participants were not placed under undue pressure (Creswell, 2013). Special consideration was given to how data was collected so that NLs felt empowered. Participants were advised of the nature and purpose of the study, informed of their rights in taking part and the right to withdraw (Emmision, Smith, Mayall, 2012). The procedures were outlined in an information pack; this included the risks and benefits, the expected duration, and maintaining confidentiality (Appendix 11 and 12). It was imperative to ensure non-maleficence was achieved, which is in line with the NMC code (2018a) for registered nurses: not to do harm and to maintain confidentiality. It was important to consider the audience and research community (Wiles *et al.*, 2008). A recruitment, retention, and motivation strategy was developed for participants (Appendix 13), which was adapted from Newington and Metcalfe (2014), to ensure their time and contributions were considered.

3.4.4 Power balance

Care was taken to involve participants as partners in the study (Karnielli-Miller, Strier and Pessach, 2009). Utilising the position of both an insider and outsider perspective was beneficial in bridging any relational gaps during the research and avoiding any coercion in the research process. Control fluctuated through the research process from recruiting participants, data collection, data analysis and report, validation, and finally publication (Karnielli-Miller, Strier and Pessach, 2009). Initially, the chosen topic lay in my hands. However, the

agreement of NLs to take part and share their experiences changed the level of control. In the data collection phase, there was an equal balance of power with participants leading the discussion in ADPEIs. A visual ethnographic approach lends itself to this. Although data analysis was completed independently of NLs, a balance of power was achieved through member checking and the sharing of study findings, thus enhancing validation (Birt *et al.*, 2016). The principle of fairness and equality (Beauchamp and Childress, 2019) was addressed by considering different points of view of participants, building up trust. NLs were given the opportunity to check ADPEI transcripts, and at the end of the focus group, they were also able to comment on preliminary findings of the ADPEI.

The data analysis and findings provided a balanced perspective so that falsification and bias in participants experiences were avoided (Creswell, 2013). The data obtained was anonymised and checked with the participants. Arrangements were made to ensure data was kept safe, to comply with the Data Protection Act and avoid breaches in anonymity, exploitation or deception (Great Britain Parliament, 1998). All data and audio files were locked away to protect anonymity and confidentiality after the individual interviews and focus group. Confidentiality, anonymity and the disposal of the recordings provided participants with the added reassurance and encouraged those who may have been reluctant to speak openly. Recordings were password-protected, reviewed, transcribed, shared with participants to check the accuracy, and then erased. On completion of the research and dissemination, data will be stored securely for five years and then destroyed. There is no longer a time limit for data storage as long as the research

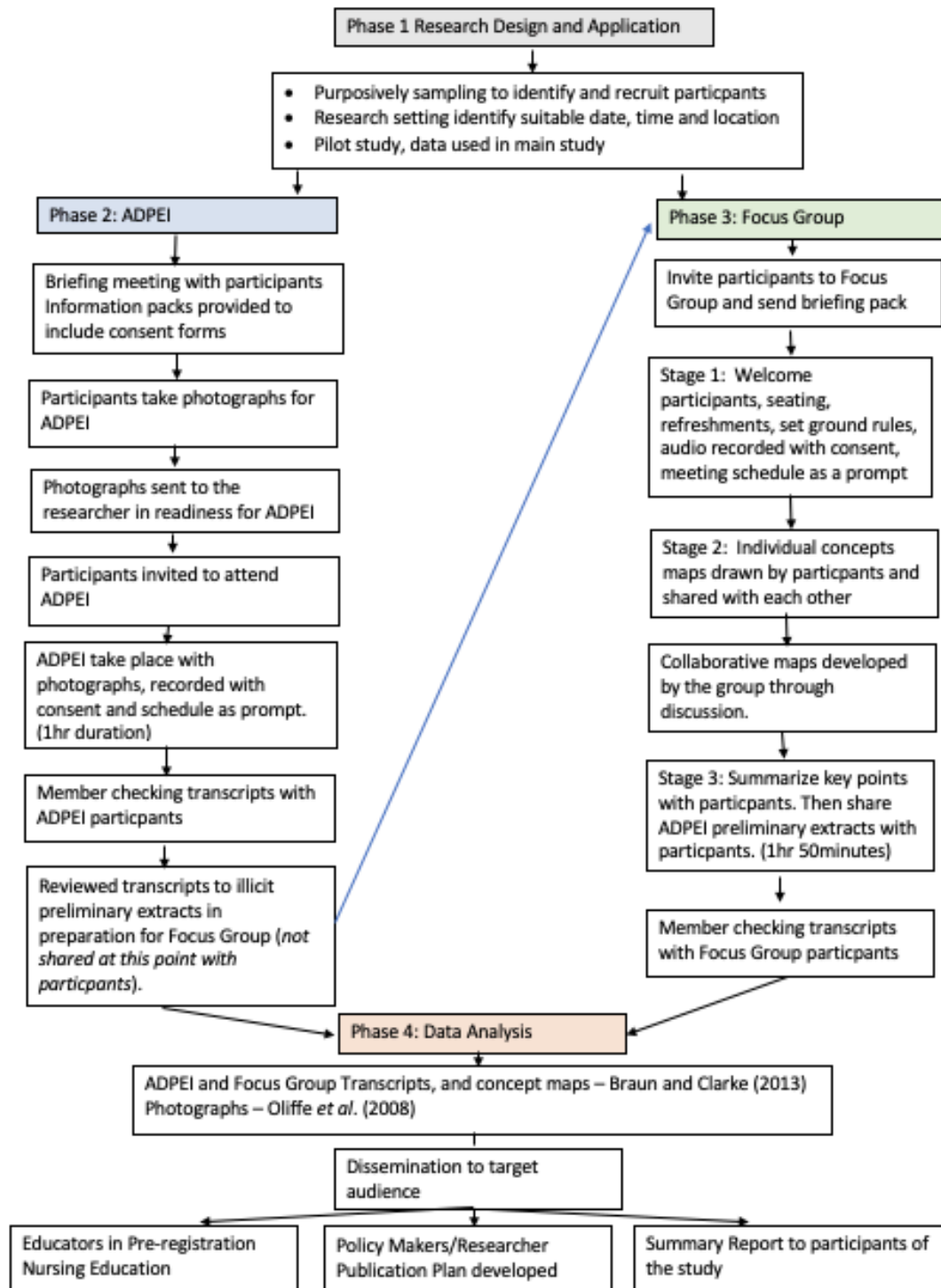
complies with the General Data Protection Regulation (ICO, 2019; UKRI, 2018). The aim is to produce a quality research study that can be shared and is beneficial to those involved and the wider health economy.

The principle of beneficence was achieved by supporting participants' well-being throughout the research process (Beauchamp and Childress, 2019). As some participants shared their experiences, this resurrected some upsetting memories, such as grief and anger; this was overcome by listening and giving them time to express their feelings. Interviews can bring back emotions, and it is up to the interviewer to create an atmosphere of caring and concern to alleviate this (Polit and Beck, 2014). Participants were signposted to counselling and pastoral services, which the university provides; however, to my knowledge, this was not required.

3.5 Phase 1: Research design and application

Flow chart 2 provides an overview of the research design and application. The study was carried out in the academic year 2017/18 to 2018/19 so that participants were given time to commit to the study and manage their workload. Data was collected and analysed during this period. The study took place at a local university. Data was collected by way of ADPEI, focus groups, and artefacts such as photographs and concept maps.

Flow Chart 2: Research Design, The 4 -phased approach



3.5.1 Sampling strategy

This study used purposive sampling to understand the research problem (Creswell, 2013) and to recruit and select participants who are beneficial to creating a new understanding (Polit and Beck, 2012). The study population are NLs, who are RNs, working on the adult pre-registration nursing programme within the local university. There are a number of advantages to interviewing in a familiar setting and using peers (Hockey 1993). The decision to use peers from a familiar setting was based on the ease of access to participants (Byrne *et al.*, 2015) and eliciting an internal baseline of understanding NLs perspectives within my current practice. In addition, external ethical approval was not required. This proved beneficial in enabling access to local knowledge, social networks and local interpretations which were advantageous in understanding their culture (Byrne *et al.*, 2015). Using peers illuminated a greater understanding of a specific local context and is in line with the purpose of the research study.

An inclusion criterion was used to help define the study population (Polit and Beck, 2014), which is based on the NMC (2018c) description of an educator as someone who delivers, supports supervises and assesses practice and theory. NLs, who met the inclusion criteria (Appendix 14) were invited to attend ADPEI and focus group. The rationale for choosing NLs was initiated from the critical literature review in Chapter 2, which identified the limited exploration of NLs' perspective of compassionate care and the links to my professional practice. In addition, NLs were chosen for their contributions to the nurturing, teaching and learning of compassionate care within the APNC

(NMC, 2018d; NMC, 2018c) and is best placed to answer the research questions. NLs who attended ADPEI and focus groups contributed their insights and understanding of the issues, thus responding to the research questions. Participants should be accessible, willing to impart knowledge, be skilled, and illuminate what is being explored (Creswell, 2013). The anonymity of NLs was taken seriously and so in addition to removing the names (Wiles *et al.*, 2008), no differentiation was made or required in relation to age, gender, ethnicity, length of service, as these demographics may have identified them and do not help to address the research question. The final number recruited was nine for ADPEI, of which five attended the focus group across two out of three campuses. Data saturation was achieved when no new data or information could be gleaned from further data collection (Lacey, 2010; Saunders *et al.*, 2017).

3.5.2 Participant recruitment and selection

The researcher uses their judgment in who is selected to meet the aims of the study (Saks and Allsop, 2019). The recruitment of NLs involved three campus sites, and although there are several NLs teaching on the APNC, the challenge was recruiting interested participants who were able to give up their time. NLs' recruitment was conducted by distributing flyers and emails within the Faculty, avoiding any undue pressure on staff to participate. The flyers had a dual purpose of announcing the research's intention and inspiring participants to take part and discuss the concept of compassionate care in the APNC. An email was sent out across campuses to allow all NLs to take part (Appendix

15). NLs were invited to participate in the study based on whether they are teaching or learning in the APNC. Once participants responded and met the selection criteria, an invitation letter (Appendix 16) and information pack, using a question-and-answer approach, was emailed to them. All participants taking part were given time to read it and then sign a consent form.

3.5.3 Research setting

To accommodate NLs, the ADPEI and focus group took place at the university during the working week. NLs were made aware of the time it would take to be interviewed, ensuring that research questions were sufficiently addressed. Interviews took place privately, at a time and place that was convenient for the NLs. The focus group was held at the main campus to accommodate the majority of participants.

3.5.4 Pilot study: ADPEI

A pilot study is always a worthwhile exercise before embarking on any research project (Lacey, 2010). Two NLs were recruited for the pilot, representing the main participants for the study to examine the ADPEI phase. The pilot was carried out in the same format as the study to afford some reliability. I followed the ADPEI format of the briefing, reviewing photographs and the interview. The pilot provided valuable feedback on the pre-meet; in particular, the instructions given to NLs before their photo-elicitation interview

in terms of responding to questions asked. Participants consented to be interviewed and were audio-recorded.

Using photographs was fruitful in evoking conversations, memories and social relations (Banks and Zeitlyn, 2015); they acted as a prompt giving insight into the performance of compassionate care. NLs auto-drove the interview during the pilot stage, leading to a thick description and addressing any power imbalance. One NL chose to use images from the internet. These images without copyright have not been used in the findings section due to Copyright Design and Patent Laws (1998) (Great Britain Parliament 1998). This did not cause a problem as the images that were obtained still provided a meaningful discussion. Also, although NLs were asked to take just five photographs, more were taken and discussed. I came to realise the power of the image in encouraging participants to share their perspectives. Due to the success of the pilot, the data and photographs gained from this phase were analysed and included in the main study, with the agreement of the ethical committee and participants.

3.6 Phase 2: Data collection

Phase two involved meeting NLs to brief them on the expectations of the study, then completing ADPEIs with NLs with the photographs taken.

3.6.1 Study briefing

A meeting was arranged for each NL to discuss the study focus and make clear what was expected of them in terms of the ADPEI and focus group. Although an information pack was provided by email, this was discussed, and NLs were given a hard copy, which was discussed, to ensure that they had a clear understanding of the process. NLs were offered a camera; however, all of them preferred to use their cameras or mobile phones. Consent was discussed in relation to taking pictures of people, places and objects so that NLs were aware of copyright implications. This was to ensure that these groups were protected and safeguarded. Safety was also discussed in terms of seeking permission before taking a photo. A discussion took place with NLs regarding the kind of pictures that could be taken. However, it was also important not to stifle their creativity. Participants were encouraged to take up to five photographs so that a more in-depth discussion could take place. NLs were given two weeks to take photographs so that the study did not become cumbersome or lengthy. Photographs taken by NLs were sent electronically and were password protected before each interview. All photographs were saved electronically, printed off for ADPEI, and were locked away and anonymised to protect participants (Creswell, 2013). Audio recordings were password protected and transferred in a suitable format to transcribe (Creswell, 2013).

3.6.2 ADPEI application

The process involved ADPEI, using a semi-structured approach. Each interview took place in a private room, to avoid interruption and allow continuity of the discussion. The interview took an hour and was audio-recorded. NLs were given a choice to be recorded and agreed with this approach. Open questions were used to help set the tone, and NLs discussed their photographs in relation to the performance of compassionate care. I encouraged a relaxed atmosphere, allowing NLs to direct the flow of discussion while at the same time, fulfilling the interview schedule.

The photographs were laid out on a table or shown on a screen, and then discussed in an order that best suited the NL. Data was gathered using auto driven photo-elicitation, a technique which allowed NLs to reflect on and share their photographs, stories, and points of view (Bryman, 2012). Photographs provided a visual record and stimulated NLs in visualising their experiences and enriching their perspective. NLs then critically discussed the photographs, thus creating a platform for engagement. The images acted as a trigger for NLs to discuss their views, thus heightening their awareness of the situation. NLs generated over 30 photographs for discussion. An explanation was provided for each visual representation (Carlsson *et al.*, 2010). Photographs inspired the conversation, assisted in answering the research questions, and elicited conclusions regarding NLs' understanding of their role (Flick, 2018). Images could also show objects and places (Pink, 2007). Rather than draw out meanings from the images, NLs discussed what was visible and why (Radley and Taylor, 2003). This method offered NLs space to reflect and

distance themselves from everyday tasks (Rose, 2016). After each interview, summary notes were created to capture an early understanding of the participants' data. NLs were given the option to review their transcript for accuracy and content. Transcripts were reviewed in readiness for the focus group to elicit preliminary extracts to share with participants at the end of the focus group; this was to ensure the process incorporated a collaborative stance.

3.7 Phase 3: Focus groups application

The same NLs who took part in the ADPEI were invited to the focus group; information packs were provided to them to make clear what would be expected. The focus group was a collaborative approach and delivered a visual representation of NLs' performance of compassionate care. Phase three allowed a mechanism for NLs to come together and share their views and gain a visual context through the development of concept maps. A small group of five NLs, in a seminar room, was set up to allow in-depth exploration of the topic. As participants share their knowledge and views, they also have the capacity to exchange ideas and thoughts (Goodman and Evans, 2015). In the focus group, there were two assistant moderators in attendance to support data capture. The focus group followed three stages, as outlined in section 3.3.3. NLs were given approximately forty minutes to draw and present an individual concept map and then forty minutes to develop the collaborative map and summarise key points. At the end of the focus group, NLs welcomed

the opportunity to discuss, share thoughts on the very early preliminary ADPEI extracts. Anonymity was maintained throughout.

The outcome of the focus group was the development of individual and collaborative concept maps. A concept map is a visual representation facilitating meaningful learning and understanding (Novak and Gowin, 1984). Located in a constructivist approach, NLs developed the maps, thus building on previous knowledge (Conceição, Samuel and Biniecki, 2017). Being present in the focus group meant I was able to observe by watching and listening to the group's interactions. NLs had already been interviewed and so were familiar with the focus of the study. Following the focus group, audio recordings were checked, and password protected in readiness for transcribing.

3.8 Phase 4: Data analysis process

Data analysis is a critical phase in the research process as it involves collating and organising so that a summary can be made (Lacey, 2010). The process of data analysis was time-intensive but essential for ensuring the capture of accurate data (Polit and Beck, 2012). The data was in the form of audio recordings, photographs, and concept maps.

3.8.1 Data analysis (ADPEI, focus group and concept maps)

The data was extracted using an inductive coding process, a bottom-up approach instead of a top-down approach (Patton, 2015; Braun and Clarke, 2013), and consideration was given to answering the research questions. A thematic approach was used for the ADPEIs, focus group transcripts and concept maps; photographs were analysed simultaneously with Oliffe *et al.*, 's (2008) method and then integrated into the thematic process.

3.8.1.1 Step 1: Familiarisation

Interviews and focus groups were audio-recorded and transcribed verbatim by the researcher. The transcribing process was challenging and time-consuming, due to the dialect, the speed and clarity at which NLs spoke. However, it facilitated the accurate recollection of what was said and allowed the discussions to be continuously reviewed (Silverman, 2015), providing a firm foundation of familiarity with the data. The decision to manually transcribe, as opposed to using software, was made to be close to the data and to be fully involved in the decision-making. Once the audio recording was transcribed, NLs were given the option to review their transcript once again for content and accuracy. Member checking affords additional credibility to the results because participants are able to check their interview transcript for accuracy (Birt *et al.*, 2016).

The first task in analysing the data was to become acquainted with it, which involved making hard copies and immersion of self (Braun and Clarke, 2014).

Audio recordings were also revisited in conjunction with this, which allowed a closer observation of the data (Bailey, 2008), and gave valuable insight into the complexity of compassionate care. Following the close reading, early codes were developed, which involved rereading transcripts in their entirety (Polit and Beck, 2014) and then reviewing photographs and concept maps in conjunction with this. An illustration of the interview transcript extracts can be found in Appendix 17. This close examination afforded more context to the data analysis process and was beneficial in gaining a better understanding of the data set (Silverman, 2015). Familiarisation involved more than just reading the words, but actively listening, being analytical and critical in my thinking (Braun and Clarke, 2014). Summary notes made after each interview were reviewed with transcripts to help capture meaning and understanding.

The contribution of each NL as well as reviewing the group interaction as a whole, was examined. As NLs were familiar with each other, a rapport quickly developed, which gave them the freedom to either agree, challenge or disagree with each other's views. It was paramount to go beyond the group consensus, to ascertain viewpoints, but also to observe the silences of those who may have felt unable to speak out. It was also essential to pay close attention to outliers' comments, who provided an alternative perspective. Individual concept maps and a collaborative concept map developed in the focus group are presented in section 4.6. The original maps were transferred to a digital format to disguise the handwriting of the NLs, to ensure participants' anonymity. In addition to this, notes made by moderators in the focus group were reviewed along with transcripts.

3.8.1.2 Step 2: Initialising codes

A code is a word or brief phrase (Braun and Clarke, 2014). A line-by-line approach was used, but not every line yielded something useful. This stage involved organising the data and then reading and coding each participant's transcript. Coding the transcript made the data more manageable and meaningful. Codes were created based on what participants said, this was a lengthy process that produced a more detailed description. Codes were not predetermined but were generated through a review of the transcripts. I carried out this process alone and initially by hand; transcript codes were transferred to a flip chart using different coloured post-it notes for each participant (Appendix 18). On reviewing codes, recurring concepts and ideas were identified in the data, leading to connections and relationships. Each participant was assigned a colour and a number. Numerous codes were generated, compared and contrasted, which lead to the evolution of sub-themes. The data was then transferred to a word document. A continuous review of the data codes for each participant was carried out, which was inductive by design to help reduce the data set.

3.8.1.3 Step 3: Searching for themes

As described by Braun and Clarke (2013), themes are a central organising concept. After a careful examination of keywords used by each participant, codes were listed, and relationships were examined, for themes to become apparent. This was an active process involving revisiting transcripts, data

codes and audio recordings for familiarity and a better understanding of participants' experiences to emerge. The search for themes seemed to be a natural progression of the data set, and are distinct, dependent on and overlap with each other. A good theme has an appropriate organising concept with lots of different aspects (Braun and Clarke, 2014).

3.8.1.4 Step 4: Reviewing themes

This part of the process was about achieving quality control (Braun and Clarke, 2013). Reviewing themes was a lengthy task, as it involved re-reviewing the ADPEIs, and focus group transcripts, concept maps, the alignment of codes, and modification of the themes. It was essential to ensure that the themes reflected the data set and the research questions. To support a more detailed understanding and the overall synthesis of themes and sub-themes, the data set was typed up to show the decision-making process and overview of the codes used (Appendix 19 and 20). Quotes are used to affirm subthemes and themes.

3.8.1.5 Step 5: Defining and naming themes

Once the themes were identified and defined, it was necessary to compare them to each other and make sense of the findings. This phase is about defining what is unique and specific (Braun and Clarke, 2013). The final codes, sub-themes, and overarching themes for both the ADPEI and the focus group

are illustrated (Appendix 20). The findings chapter discusses the overarching themes in more depth and the visual illustrations for each theme.

3.8.1.6 Step 6: Producing the report

The completion of the thesis achieved thick descriptions of themes, dialogue, photographs, and concept maps. Following this process, I synthesised the concept maps that were provided by NLs to develop two overarching maps (Map 1 and Map 2), which take the reader on a journey of emotions that reflect the complexity of compassionate care within the APNC. Multiple approaches are used for reporting and discussed in chapter 5 (Kreuger and Casey, 2014).

3.8.2 Photographic data analysis

Data analysis of the photographs started during the interview when NLs were asked to choose the order in which they discussed each photograph and when they were asked to choose their favourite photograph to give a more in-depth understanding of the topic. The process of data analysis requires the researcher and participant to be self-reflexive and involves sharing the emotions, stories and actions rather than employing a systematic process (Jenkins, Woodward and Winter, 2008; Pink, 2013). Listening to the NL's experiences and recognising my positionality in the process was crucial. The photographs depicted the actions of NLs in the delivery of compassionate care and are not just photographs of objects, people and places. This is best

described by Fetterman (2010, p.93) as 'finding your way through the forest'; as the process involved critical thinking, identifying patterns in the data and making decisions. For example, photographs taken in the skills laboratory showed visual interactions between students in a particular place and time. NLs were in control of the discussion and not stifled, so they felt comfortable sharing (Olfiffe and Bottorff, 2007). Photographic representations are not just of something but are about something, and give a personalised and emotive perspective (Carlsson, 2010). A detailed account of the photographic data analysis using Olfiffe *et al.* (2008) is outlined below.

3.8.2.1 Preview

Photographs were initially sent by email before the interview, which allowed me to review images. Photographs and images were then laid out on a table or on-screen with participants during the interview to confirm understanding of the data. This was another opportunity to examine photographs within the participant's context. Following the ADPEIs, all photographs were gathered together and laid again on the table for further examination. Each photograph was scanned alongside transcripts, to gain a better understanding of what was said in conjunction with the participants chosen image (Olfiffe *et al.*, 2008).

3.8.2.2 Review

Photographs were printed off and laid out to gain an overview. This stage involved critically analysing the photographs and who was portrayed in them, along with the analysis from the preview stage (Oliffe *et al.*, 2008). Photographs were looked at in terms of performances and actions and any cultural perspective that was illustrated. For example, photographs were grouped by location, such as the skills lab, classrooms and the hospital setting. This illustrated the learning environments where StNs have the opportunity to develop knowledge and skills in compassionate care. Photographs were reviewed in line with audio recordings to confirm the context. Consideration was also given to cultural practices and relationships in the performance of compassionate care using participants' narratives, as it was beneficial in gaining greater understanding and interpretations.

3.8.2.3 Cross photo comparison

During this process, all photographs were compared to each other in order to progress categorisation. Photographs were viewed together and separately on a table in order to group and regroup them. There was evidence of some overlap, as each photograph was viewed in relation to its meaning and perspective (Oliffe *et al.*, 2008). This process did involve revisiting familiar transcripts to confirm interpretations. The final theme of the compassionate lens, which is discussed in section 4.6, was born out of this process, as it demonstrated the importance of seeing the visual in the context of everyday

practices. Following the data analysis process, five themes were identified, which are discussed in Chapter 4.

3.8.2.4 Theorising

The purpose of theorising is to align the data with theoretical concepts (Olliffe, *et al.*, 2008). Although data was analysed independently of theoretical concepts, parallels can be drawn with models of care. The findings can be applied to Gilbert's model (2017) of compassionate attributes and Tierney's *et al.* (2017) enabling the flow of compassionate care model, which are discussed in more detail in Chapter 4 section 4.2 and section 4.6.2.2 respectively.

3.8.3 Concept maps data analysis

Individual and collaborative map produced during the focus groups were analysed along with the focus group transcription, using the thematic approach (see section 3.7.1). A relational approach was used for participant-generated concept maps, where connections and links between concepts were used to generate themes (Conceição, Samuel and Biniecki, 2017) and was integrated into the thematic data analysis process.

3.9 Quality procedures for ensuring rigour

There are several aspects to enhancing the rigour of qualitative research: trustworthiness, creditability, dependability, confirmability and transferability (Guba and Lincoln, 1989). Trustworthiness was achieved by a prolonged period with the data, working in the field as an NL, a clear description of the data through coding and development of derived themes. Also, noteworthy was documenting reflective thoughts in the completion of a photographic journal and attending a university annual appraisal review. According to Nowell *et al.* (2017), the qualitative researcher should demonstrate that data analysis has been conducted in a detailed, in-depth, consistent manner through transparent record-keeping along with a clear methodological process. This enables others to determine if the process was credible and trustworthy.

Credibility attends to the accuracy of the data to reflect the phenomena under investigation (Wahyuni, 2012). Creditability was achieved by transcribing close after interviewing and through the triangulation and integration of different data sets during the data analysis phase. Tensions can potentially arise from the participants' individual and relational accounts; however, this is offset by the acquisition of new knowledge through multiple accounts and nuanced understanding. During APEI, photographs were member checked and confirmed with NLs (Boucher, 2018). Member checking and thick description also provided further assurance of the creditability of the study. Member checks were carried out by sharing transcripts to ensure transparency and check if the study was on the right path.

Having worked for the university for eight years, I have an emic perspective, an understanding of the culture and first-hand observation in the field. Confidence in the data can also be assured because NLs consented to take part. Responses were audio-recorded and transcribed verbatim, member checked, photographs and concepts were coded analysed and synthesised. Returning the data to NLs helped to ground the findings. Member checking was used cautiously so that no one was harmed, and NLs were given the option to opt-out of member checking their interview transcripts. The focus group transcripts were anonymised, and again member checking was optional. All the actions and decisions made are auditable to enhance confirmability (Parahoo, 2014). NLs were also given another opportunity to member check at the end of the focus group when preliminary extracts of the ADPEI were discussed. At the end of the data analysis phase, I was able to see how the different themes fitted together and show how each theme was derived.

Transferability refers to the level of applicability to another setting (Wahyuni, 2012). This study could be applied to other settings as there are thick descriptions that provide a firm basis on which to proceed in future studies. A thorough explanation of the study's context and the role of the researcher supports transferability. The issue of compassionate care is subjective, and so different data could be generated elsewhere. Also, using a visual ethnographic approach using the same methods may generate different photographs and concept maps to bring a different contribution and meaning. A clear explanation of the research process and addressing the research question can

also contribute to transferability. NLs were given clear instructions regarding the research process, and an information pack to build up trust.

Throughout the study, reliability and dependability were enhanced by having a clear audit trail and accurate documentation of the research process (Willis, 2007). This allows others to check how themes were created, providing some connectivity to those reading the study. A reflexive photographic journal of the research journey was created, outlining the decisions made, feelings, and any bias that may have impacted the study.

3.10 Reflexive lens



Photograph: 3 Blade of Grass by Juliet Drummond

*Where am I now?
You can't really tell looking at this picture.
Is each blade of grass a clone? Are we human clones looking to achieve the same goal in life?
This is a community of grass,
I am a blade of grass; I form part of*

a community of shared learning.

The grass roots of my growth and development is a matrix of people.

This patch of grass represents the interconnectivity of people who exist in my world.

My family, friends, peers, lecturers and supervisors are all part of this community.

My ontological and epistemological perspective has changed over time like the grass.

I have moved forwards and back in my thinking, just as grass moves in the wind.

Conflicting thoughts with creative contributions offer original exciting opportunities.
I therefore emerge, like new grass, thinking differently and developing the intricacies of my doctoral voice amid the vast research community.
Each blade of grass is individual, affected by its environment (rain, sun and chemicals).
Competing pressures and how we deal with them make us different, we too are affected by the environment in which we work, learn and live.
We are all connected like grass, and like each blade of grass we bring with us the originality of ourselves.
(by Juliet Drummond, 2018)

As an interpretivist, who sees the benefits of the visual and dialogue, the decision to apply a visual ethnographic approach was a natural creative one. Photograph 3.1 and poem illuminate my position and as it recognises the centrality of the researcher's subjectivity in the production, interpretation and representation of ethnographic knowledge (Pink, 2013). I was confronted with the challenge of managing the insider and outsider concept, which was counteracted by effective communication and familiarity with NLs. It was useful to be an insider, having worked at the university for some time it was easy to recruit NLs and gain trust. As an outsider, I navigated the research process to participants to ensure that ethical research standards were maintained. While I acknowledge there are limitations to reflexivity, understand there is no single truth found in the photographs and concepts maps taken; instead, NLs reflect on their understanding of how compassionate care exists within their culture of practice. Through the construction of self and others, knowledge was acquired, leading to my epistemology of constructivism and constructionism. The study produces clarity and transparency to the reader, as a reflexive approach has enhanced quality control in a visual ethnographic approach

(Berger, 2015). The development of flow charts was a liberating process of self-disclosure and the research process.

3.11 Chapter summary

This chapter provides the rationale for using a visual ethnographic approach as a methodology and method supporting the acquisition of new knowledge. It brings together data collected from photographs, transcripts and concepts maps which are treated equally in the data analysis process. The integration of ADPEI and focus group produced a unique, inductive way to capture the thoughts, attitudes and behaviours of NLs, requiring a more critical approach in triangulating the data set. Knowledge is created by gaining an individual and a group perspective, which is aligned with a constructivist and constructionist approach. Much thought was given to ethical considerations to prevent harm to those who participated in the study and assure trustworthiness. Reflexivity was considered necessary throughout the research process, providing insight into my thought processes, challenges and positionality. This visual ethnographic methodology is an original contribution as no other study has used this approach in this way before to ascertain NLs' perspectives on compassionate care.

Chapter 4: Findings and discussion

4.1 Introduction

Chapter three provided a detailed explanation and rationale for using a visual ethnographic methodology, to include data collection methods and data analysis. This chapter presents the findings and discussion together to facilitate a clear interpretation of themes alongside the literature. I have chosen to combine the findings of the ADPEIs and the focus group to enhance the richness (Lambert and Loiselle, 2008). I will differentiate between responses that are from the ADPEIs and the focus group. In this chapter, NLs' responses have been allocated consecutive numbering, for example, P1 for the ADPEI, and FG1 for the focus group. Consent was obtained to use photographs and concept maps; however, to protect anonymity, faces, handwriting, and locations have been obscured.

The origins of the findings are those of the NLs describing their experiences of compassionate care within the APNC, which have been extrapolated exactly from transcripts. In the process of unravelling photographs and concepts maps, shared patterns of behaviour, thinking, and attitudes about compassionate care performance was realised. Due to the reflexive nature of the research, NLs looked inwards and outwards in the recollection of giving and receiving of compassionate care. The themes, subthemes and codes came to light after immersion into the data set using Braun and Clarke (2013) thematic analysis, and Oliffe *et al.* (2008) four-phased process. The themes identified are as follows:

- Compassionate care
- Compassionate people
- Compassionate curriculum
- Compassionate culture
- Compassionate lens

The themes are distinct and simultaneously connect to provide a self-explanatory verbal and visual viewpoint. Based on a synthesis of NLs perspectives, there is a definition at the beginning of each theme. Two maps were developed, which enabled a new way of seeing and understanding the multifaceted issue of compassionate care with all of its emotions and concepts (Map 1 and Map 2). Map 1 presents the many descriptions of compassionate care discussed in more detail in section 4.2. This chapter explores the boundaries and terrain of the five identified themes in the study, shown in Map 2, which has the theme of compassionate care centre place, as it was pivotal to the other themes. Map 2 shows each theme and sub-themes; the viewer can travel across different parts of the maps to see the relationship between themes or position themselves within any theme. Map 1 and 2 are referred to throughout this chapter are embedded in the discussion of each theme.



Map 1: The map of compassionate care



Map 2: Atlas of compassionate care within the APNC

4.2 Theme: Compassionate care

4.2 Theme: Compassionate care
4.2.1 The human condition of compassionate care
4.2.2 Human acts of compassionate care

Following a synthesis of the data, compassionate care is described as the human condition involving the reciprocal meeting of needs to everything living, which is aligned to appropriate behaviours and competent action. As a baseline, NLs were asked the question ‘what does compassionate care mean to you?’ This question is answered in the multiple descriptions provided as NLs use words and phrases, stories, photographs, and concept maps to describe compassionate care. NLs offer descriptions which add to the literature. NLs descriptions of compassionate care originate from ADPEI, individual concepts maps (Appendix 21) and the collaborative concept map (Map 4) which have been synthesized into the human condition and human action of compassionate care. Map 1 provides an overview of these descriptions, as well as the visual of the journey, the theme compassionate care is also alluded to in the centre of Map 2. The viewer is able to see different places, which are taken from NLs descriptions of compassionate care, providing a foundation of insight, and the performance going forward.

NLs used a variety of words to describe compassionate care such as ‘human condition’, ‘caring’, ‘kindness’, ‘attentiveness’, ‘listening’, ‘empathy’, ‘dignity’, ‘showing’ respect’, ‘sharing’, ‘a feeling’, ‘being inclusive’ and ‘having

boundaries. NLs use a repertoire of words and phrases cultivating a better understanding, and although they are not exclusive, they set the scene and build a crescendo of performances. The term 'crescendo' has musical connotations meaning a gradual increase in sound or excitement (Cambridge Dictionary 2021). The crescendo highlights how compassionate care descriptions can build and grow into an array of different behaviours based on the context of NLs. In their path of achieving compassionate care, words are put into action.

These findings concur with van der Cingel (2011) seven dimensions of compassion and more recently Durkin, Gurbutt and Carson (2019) characteristics of a compassionate nurse. A compassionate mentality has been synthesised to embody many attributes, such as kindness, warmth, sensitivity, comforting and tolerance, to name just a few (Crawford *et al.*, 2014). There are other descriptions offered in the literature supporting NLs perspectives; compassionate care is about knowing someone and giving them time (Bramley and Matiti, 2014; Hofmeyer *et al.*, 2018). These descriptions support research by Bray *et al.* (2014), which states compassionate care is about treating others as you would want to be treated yourself. Compassionate care is also described as the ethics of reciprocity (McSherry *et al.*, 2017) which resonate with the ability to share. NLs descriptions have practice implications by offering RNs and other professionals an abundance of phrases and words, which provide a baseline understanding of compassionate care. NLs feel compassion is a required quality and expectation in their role and the future

nursing workforce. Within this theme, there are two sub-themes: the human condition of compassionate care and human acts of compassion.

4.2.1 The human condition of compassionate care

The human condition was the most common concept of compassionate care described by NLs. The word 'human' featured in a number of descriptions, so it was chosen for this sub-theme. NLs shared their understanding of what it means to be compassionate to patients, StNs and others; reflecting on the human response required to fulfil their role. A personal perspective was provided in seeing people as individuals and being human in their treatment of others. NLs shared the following:

It is a human thing. (P1)

An awareness of life. (P9)

See beyond the condition, they got to see the person, they got to see the human condition. (FG1)

How patients might feel, the depth of that ... human emotion, a human response. (P4)

Treat people as an individual with respect ... develop a therapeutic relationship. (P4)

To look, listen, feel, touch, and rescue and empathise, and see this as a humanistic act. (P2)

For me, it is seeing the human condition with a conscience. (FG1)

This human approach is captured by showing an understanding of self and others in terms of behaviour, feelings and reactions. This is mirrored in van der Cingel's (2011) research, which highlighted the importance of being human in nursing activities. To witness suffering makes human beings vulnerable as well as it could make people stronger. Therefore, there is a need to respect human vulnerability (Wiklund Gustin and Wagner, 2013). The DH (2015a) agree with the notion of the human condition of compassion, describing compassion as responding with humanity to those in need to relieve suffering without delay. The literature confirms the notion of compassionate care being a human condition which recognises and understands the suffering of others in order to provide support. Building on this human condition, NLs commented on how compassionate care naturally exists within them and is effortless. Embodying the human condition is vital to cultivating the delivery of compassionate nursing practice, and the role of NLs as it encompasses reaching out to others and being human to self and others.

For me, it is not a choice but a natural state of being. (P3)

Compassion is inherent in ourselves. (P5)

I believe compassion is an innate thing. (FG3)

NLs in the focus group felt that compassionate care was a conscious act that could be worn like a coat. NLs discussed putting on and taking off the coat of compassion and considered the durability of the coat. FG1 comments as follows:

For me, it is like putting on an overcoat. So, I don't think compassion is easy, I don't think you are just compassionate. You have to actually wear it, you have to consciously decide to put it on, so to me, it's like an overcoat you put on. The problem I have is when I put it on, I don't like taking it off. (FG1)

In a study with patients, the debate continues if compassionate care can be taught; with some patients saying it is an innate quality while others are thinking it could be taught (Bramley and Matiti, 2014). In contrast, qualified health professionals and students felt compassion was innate which would be difficult to teach, learn or measure, although some were uncertain about these aspects (Bray *et al.*, 2014). The question of whether compassionate care is an innate quality is discussed later in section 4.4.2 in the teaching and learning approaches of compassionate care. NLs also discussed compassionate care in the context of being culturally constructed.

It means to me making someone feel that they are cared for, and you are listening to them, and they matter. What you do for them matters and that you

are enabling them to feel like an individual, and to me it is giving that person the dignity they deserve, by giving them time, giving that space. To me, it may vary across cultures. (P8)

The notion of compassionate care differing across cultures is confirmed in an international study by Papadopoulos *et al.* (2016), which described similarities and differences in compassionate care definitions from the nurse's perspective. The study identified cultural background and experiences impacted on compassionate care delivery, with nurses reporting more compassion from managers in the Philippines, for example. There are a number of influencers that impact and shape the delivery of compassionate care for nurses, such as values and beliefs (Mc Sherry *et al.*, 2017; Zamanzadeh *et al.*, 2018). The human condition of compassion crosses cultures and is also inclusive of anything living. Some NLs recognised that compassionate care could also be applied to animals and plants, or any living thing. The following photographs and comments provide insight into the notion that compassionate care involves anything alive.



Photograph 4.1: 'Ben', taken by P1

Animal relationships are about compassion from humans but also compassion back from the animal. (P1)

Photograph 4.1 depicts Ben (name anonymised) who was a much-loved cat that is now deceased. P1 described the compassionate care given to Ben when he was ill and became emotional about the time they shared towards the end of his life. P1 shared that all living things are deserving of compassion. This demonstrates that there is a reciprocal relationship in the delivery of compassionate care. This comment is supported by P6, who described the compassion they showed a plant in Photograph 4.2.



Photograph 4.2: 'The Leafy Plant',
taken by P6

*I water it! And I look after the plant!
I am a person that gives it water and
life. I am compassionate to the plant
as I tend to it ... they respond and
give me feedback, which I like. (P6)*

This NL felt that the growth of the plant was a response to the care provided for it. This description encapsulates the reciprocity of what it means to be compassionate to another (Mc Sherry *et al.*, 2017). It is about treating humans, animals, or anything living compassionately, and sometimes reaping the rewards of the development of that relationship: a positive response and outcome. This sub-theme supports the literature that nurse educators have

the desire to understand and connect with others, to see their suffering and provide comfort (Newham *et al.*, 2017). The literature reviewed describing compassionate care does not explicitly extend to any living thing. However, photographs taken by NLs do concur with Hewison and Sawbridge (2016) that compassion is a human connection that extends across groups, species, space and time. Basically, anything living is deserving of compassion, this includes humans as well as plants, birds and animals.

4.2.2 Human acts of compassionate care

All NLs made connections with alleviating the suffering of StNs and others through a variety of appropriate actions represented in the photographs taken. NLs shared a variety of human acts of compassion that are demonstrated by behaviours, attitudes and actions. In this section, acts of compassion can be seen in simulated activities and emails to students. P8 Photograph 4.3 captures how the act of giving mouth care to a patient using a mannequin, through simulation, can nurture compassionate care in StNs. A theoretical rundown is given earlier in the day, and then StNs are given the opportunity to perform mouth care in a skills laboratory. The image captures how attentive the StN is with the mannequin. P8 adds the following quote to bring this to light.



Photograph 4.3: 'Mouth Care',
taken by P8

Thinking about what you are going to do, making sure you are prepared, making sure you have communicated effectively so that the person

knows exactly what you are going to do, and talking them through the procedure ... She is completely focused on that person. (P8).

Compassionate care is about acting emotively and sharing thoughts and feelings. P8 comments on how attentive the StN is on the care provided and how they are showing compassionate care. P2 also upholds human acts of compassion with comments like 'wanting to help and knowing how'; P3 adds it is essential to 'operate compassionately when providing nursing care'. NLs in the focus groups also described compassionate care through human actions and behaviours towards those in need such as StNs. There is an argument that compassionate care involves competent action, which raises the question that if the student in Photograph 4.3 did not wear all the PPE, would the student have been viewed as compassionate. The evidence suggests that being knowledgeable, safe and experienced is more important than being compassionate (Bray *et al.*, 2014). It is about respecting human vulnerability, preserving dignity and enacting caring behaviours to prevent the vicious cycle of suffering and vulnerability (Wiklund Gustin and Wagner, 2013).

It is these caring behaviours that are pivotal to demonstrating compassionate action. P5 adds to the discussion as follows:



Photograph 4.4: 'Blood Pressure', taken by P5.

I think compassion is a competency skill set ... so dealing with pain proficiently would be an element. (P5)

StNs appreciated the importance of being quite proficient in undertaking blood

pressure recording, because while they are learning, it can be painful and uncomfortable for the patient ... demonstrate a professional and compassionate approach. (P5)

For P5, compassionate care was about recognising and possessing a set of skills to achieve compassion. Small acts can convey compassionate care (Bramley and Matiti, 2014). The act of being compassionate is about making the patient comfortable, and in this instance, understanding that the repetitiveness of checking blood pressure can cause discomfort. Here are comments that denote competent actions:

Enabling action to happen. (P6)

A considered approach, and able to act on signals... You are listening to them. They matter and what you do for them matters, which enables them to feel like an individual. (P8)

It's empathy, consideration for others' feelings, and dignity. (FG5)

Responsive to patients. (P9)

NLs agree responding competently is essential in the delivery of compassionate care. Respecting patients, dignity and listening were rated highly (Bray *et al.*, 2014). DH (2012) goes further and calls for nurses to adopt six key values: care, compassion, competence, communication, courage and commitment as nurses are primary agents to addressing a compassionate culture. It is not just the provision of care but noticing suffering, as the experience of abandonment is common when nurses fail to act on the signals or treat patients as though invisible when delivering care (Terry, 2017). Professional compassion is being alert to the needs of patients and delivering small acts of kindness; these are key drivers to compassionate care (Tierney *et al.*, 2017).

Human acts of compassion can be seen in what is written or communicated in emails and online, as well as in what is said face to face. P7 offers an example of a compassionate email (Photograph 4.5), which demonstrates how the words in emails can have a powerful impact on a person's feelings. This email was written in response to an StN's bereavement. NLs can alleviate suffering

by providing supportive guidance that is responsive to StNs needs. The StN in this email received a response within the hour and is offered options. A timely response to an StN's bereavement was seen by P7 as a way of showing compassion at a time of human suffering. P7 comments that the way in which NLs communicate in emails to StNs can have a lasting effect.

Compassionate Leave

Reply
Morning xxx,

I am so sorry to hear your news. Did you apply for some compassionate leave using the special leave request form via [e:vision](#) at the time? The current process requires that all absences, irrespective of reason need to be retrieved, so perhaps you can add some hours to some of your sign off weeks. You state you took the day as day off, so if you worked an alternative shift that week then this just needs to be recorded on your timesheet. We can discuss/guide on this further when we meet for progress review in February.

Kind regards
xxx

xxx
Senior Lecturer
Address

From student

To: lecturer xxx

Hi xxx,

I was just wondering if I could claim the day I had off my spoke placement on ward xxx on the 7th December as compassionate leave instead of having to retrieve it? I had the day off because my grandfather passed away during the night on ward..... I contacted the ward and the practice team and also external partnerships who have added the day I missed to my hours for retrieval.

Thanks,
xxx

Photograph 4.5: Compassionate Email, taken by P7.

Thinking about how compassionate care is demonstrated in my written communication ... I use words that are listening, orientated and compassionate. (P7)

Similarly, assessment written feedback shared with StNs should be delivered compassionately. For example, by using words like, 'I know you will be

disappointed' (FG3). NLs agreed the need to alleviate the suffering of students or to act on signals and give a timely response to those in need. Attending to the needs of those who are suffering requires a response that is in a timely manner (Sinclair *et al.*, 2016b). The literature concurs with the need to act on suffering and providing comfort (Terry *et al.*, 2017). These findings agree with the evidence that students value an individualistic and person-centred approach when in need (Waugh and Donaldson, 2016). NLs are on the frontline of StNs concerns and so developing a therapeutic relationship, and appropriate action can alleviate their suffering.

The descriptions of compassionate care offer a baseline understanding for those working in nursing practice such as StNs and RNs. It would appear that NLs in practice, seek to alleviate suffering through the human condition and human action. The human condition is characterised by what it is to be human and is concerned with the thoughts and behaviours of an individual. The practice implications are realised when NLs deliver a human response to the provision of compassionate care, in whatever context it exists, to StNs and others around them that are in need.

4.3 Theme: Compassionate people

Theme: Compassionate people
4.3.1 Compassionate colleagues and team
4.3.2 Role models
4.3.3 Nurse lecturers' and student nurses' roles
4.3.4 Effective communication
4.3.5 Self-compassion and being reflective
4.3.6 Resilience

This theme describes the attributes of compassionate people as being self-aware and responsive to the needs of those around them. In so doing, they exhibit caring conversations and behaviours to others that can be role modelled. This theme answers the research question: 'what are NLs experiences of learning and teaching compassionate care within ANPC?' During ADPEI and the focus group, NLs were asked this question and shared their teaching and learning experiences of being compassionate to others. They described the many encounters with compassionate people in their role as NL and RNs. NLs descriptions are synthesized to provide a comprehensive overview of the many attributes of compassionate people. NLs used photographs, concept maps and dialogue to describe compassionate people which is reflected in Map 2. The sub-themes reveal a thick description of NLs experiences of what it is to be a compassionate person within APNC. Compassionate people exist among colleagues and the teams. They are role models who are aware of their role and responsibilities. They are effective

communicators, self-compassionate, reflective, and finally, resilient. Photographs of family members, friends, colleagues, StNs, animals and birds were taken to demonstrate compassionate care. NLs described their influence and the lasting impact of being in contact with such compassionate individuals as follows:

4.3.1 Compassionate colleagues and team

Photographs of family members and some staff members have not been included due to anonymity and consent issues. NLs have shared the following descriptions:

A bastion of knowledge ... [who] epitomises professional compassion... [and is an] extremely compassionate person. (P1)

Regarding compassion within the team, I think it is important that we look after our colleagues and work in a nurturing environment. (P5)

I think our team culture fosters reasonably compassionate care with one another. (P8)

It is really about treating fellow colleagues the same way you treat your patients, with the same level of respect, dignity and compassion. (P6)

NLs in the focus group agreed with these perspectives and shared examples of compassionate colleagues, both the way they teach and their actions. For example, FG3 commented on the 'kindness of staff'. The literature suggests helping colleagues can promote compassionate care and resilient team cultures (Hofmeyer *et al.*, 2018). A compassionate workplace culture is also enhanced by staff appreciating each other skills, showing respect, and acknowledging different ways of working (Smith *et al.*, 2014). NLs recognised the benefits of working with compassionate staff members and StNs, who show kindness, make time to listen, and are respectful and supportive. Smith *et al.* (2014) adds celebrating success, speaking up, being brave, supporting development and creativity helps nurture compassionate care.

P5 raised an interesting point about compassionate care, arguing that 'some people could demonstrate compassion and not really feel it'. This comment poses the question, do people have to feel compassion to enact compassionate care? NLs agreed that it was important to feel the compassion when it is delivered. The evidence supports nurses being motivated to act by having a feeling of spontaneity (van der Cingel, 2011). Indeed, it is a force to act and a feeling to help others (Kneafsey *et al.*, 2015). All registrants are required to 'recognise when people are anxious or in distress and respond compassionately and politely' (NMC, 2018a, p. 7). NLs also raised concerns about colleagues who are uncompassionate to others, including StNs. This has been described in the non-tabloid media as a few bad apples, denoting that some nurses are uncaring (Bond *et al.*, 2018).

I have worked with a lot of nurses and lecturers who I don't think are compassionate. Therefore, for me, personally, I can struggle with that, and it depends on your perception. I am sure if you asked them, they would say they were compassionate. (FG1)

It is suggested that nurses understand the impact of being uncompassionate, which will then present the opportunity for the culture and the individual to change (Bramley and Matiti, 2014). Overall, NLs disclosed how they demonstrated compassionate care to StNs and others, and importance of being surrounded by compassionate colleagues.

4.3.2 Role models

NLs acknowledged the importance of role modelling to StNs, so that they can emulate and aspire to develop positive behaviours. The following comments highlight this:

I do think we have a massive obligation as teachers to be good role models. (P4)

Helping students to role model, explaining how and why and preparing them for future conversations that we know are coming up. (P2)

Through role modelling, they demonstrate a compassionate attitude. (P5)

There are many StNs that I have responsibility for; I had many opportunities to role model compassion. (P6)

Understand that students are actually developing practitioners; they are not the finished product. So, let's be role models. Let's try also, through mentorship and our interactions out there in practice as academics, to reassure mentors that it is okay and it's really important to be a role model and do what that person did for me ... show them how, because they aren't the finished product yet, and I think in my teaching, whether it is successful or not, I think we need to see compassion as a seed. (P2)

Trying to be a role model to others. (FG3)

Role modelling and compassion is fulfilled throughout my teaching in modules, in the skills lab, in the classroom and in practice. (FG4)

NLs agreed on the importance of role modelling, but they disagreed on whether it can be taught. It could be argued that role modelling and good teaching go hand in hand. The consensus was that compassion could be nurtured and developed through role modelling. The following comments were examples of this view:

I think we have to role model it. You can't teach compassion unless you demonstrate it yourself. (P9)

I am not sure that we can actually teach it, but we can be good role models and provide examples of it. (FG4)

We teach it through role modelling quite strongly ... our responses are quite empathetic you know ... it is within our culture really, and part of our NMC. (FG5)

These findings support the literature, as several studies identified role models as important players in StNs achieving compassionate care (Adamson and Dewar, 2015; Straughair, 2019; Bray *et al.*, 2014). Positive role models facilitate compassionate practice; teachers and peers acted as role models (Zamanzadeh *et al.*, 2018). Role modelling involves nurses recognising their professional self within their role so that others can mirror it. The literature suggests that compassion can be taught by building on existing characteristics of the compassionate nurse (Durkin, Gurbutt and Carson, 2019). Practice mentors/assessors/supervisors are compassionate people who also act as role models and can improve and develop StNs compassionate practice. The evidence also suggests that role modelling is important in enhancing the provision of good leadership in organisations (Straughair, 2019). NLs see themselves as role models to StNs; the NMC (2018c) concurs that educators and assessors should ensure they act as role models at all times.

4.3.3 The role of nurse lecturers and student nurses

NLs discussed their role and responsibilities and that of StNs in the delivery of compassionate care. They indicated that there is an expectation to be caring and to relieve suffering from the outset within the profession. Indeed, the nurse's primary role is to enhance patient care by engaging in competent and compassionate action.

4.3.3.1 The role of nurse lecturers

NLs discussed being assigned to various roles and adapting to them in any given circumstance. Each role requires different approaches in the delivery of compassionate care to StNs (Table 1). These roles give an insight into the shared behaviours, attitudes and language used with APNC.

Table 1: NLs roles and responsibilities within APNC
<ul style="list-style-type: none">• Personal tutors• Academic assessors• Role models• Supervisors and assessors• Course leaders• Module leaders and module coordinators• Support tutors• Coaches• Group tutors• Nurse lecturer

NLs discussed their role as personal tutors and supporting StNs throughout their three-year journey both personally and academically, building up a relationship of trust. The role of personal tutor can become more pastoral so

that StNs are able to work through their issues with their tutor and be directed to other services where appropriate. NLs mentioned visiting StNs in practice, as academic assessors, to provide support, discuss any concerns, and gathering information to confirm progression. NLs shared their experiences of being assessors and supervisors of StNs learning and development. Experience within these roles gave rise to the opportunity to be compassionate in supporting StNs' journeys, and to role model compassionate care as previously discussed in section 4.3.2.



Photograph 4.6: 'Arms Outstretched', taken by P6

The outstretched hand is me stretching out to them, to them from their experience, their individual personal backgrounds.
(P6)

We are reaching out to them. (P9)

Conversing with students with respect and dignity. (P9)

I show compassion that gives a little bit of myself away, not too much, it's not about me it's about them. (P6)

*I have had years of working as a nurse so that compassion is....
embedded within me and therefore now that I am a lecturer you
can't separate the two. (P4)*

There are many opportunities to take the time to listen to StNs' concerns about the course and their personal issues. NLs take on the role of the course leader, support tutor, module leader and coordinator; they are able to help StNs overcome problems, support their development to achieve the module and course outcomes in a compassionate way. The literature suggests that in order to respond to suffering there needs to be generosity in the giving of self (Newham *et al.*, 2017). The group tutor role involves coordinating the three-year journey of a whole student cohort; this role was also seen as an opportunity to show a compassionate response. When StNs are new to the course, there are a number of competing pressures for both StNs and NLs. Research confirms that nurse teachers face challenges in their role in preparing students for compassionate practice against a reality of constraints; nurse teachers facilitate the learning of compassionate practice by presenting to StNs the underpinning theory and practice (Curtis, 2013). Coaching students was described as a preferable approach to teaching, in relation to skills development; as it is more of a facilitative role where listening, communicating, questioning and engaging with StNs are done to encourage their confidence and learning in compassionate care (P8).

NLs described a supportive role in treating StNs in a person-centred way by developing a therapeutic and holistic relationship: 'There is always that holistic

relationship that you have with them' (P3). As a group, NLs felt they treated StNs as individuals and nurtured them in the development of their knowledge and skills, by providing direction and supervision. Research by Newham *et al.* (2017) concurs that nurse educators desire to connect and understand others was essential in caring and being compassionate.



Photograph 4.7: 'The Swan', taken by P3

I always deal with them in a way that is compassionate ... I was trying particularly with student nurses to listen to what they have got to say and treat them

compassionately. (P3)

P3 explained the swans look serene. However, what is not seen is how hard they are paddling to stay afloat. NLs agree that their role encompasses professional responsibility in being compassionate to others, along with competing pressures to achieve the course outcomes and ensure a positive experience for both StNs and staff. Compassionate people often deliver seamless care; underpinning that care is a role model who is a very knowledgeable and skilled person. As discussed previously section 4.3.2, NLs agree on the importance of role modelling to StNs.

NLs are flexible in role adaptation, however, are challenged in being compassionate when teaching large groups with issues like inadequate time and meeting a diversity of needs. NLs acknowledged that StNs and patients should always be dealt with sensitively, appropriately and compassionately. This quote from FG2 describes the compassionate role of the lecturer in the context of the parable of sowing the seeds for compassion:

Recruit fertile student nurses

Make it fertile

Keep it fertile

So that seeds of compassion can bloom in practice. (FG2)

NLs shared how helping students make the right decisions and going above and beyond the immediate situation to help. Much of the literature confirms that NLs play an important role in enhancing compassionate care (Winch, Henderson and Jones, 2015; Curtis, 2013). Nursing students have highlighted the importance of an enthusiastic lecturer who inspired them to develop compassion and developed trust to discuss personal issues (Durkin, Gurbett and Carson, 2019). NL's role is not as a performer as such but can be seen as a co-creator with StNs, by making sense of their experiences with that of themselves (Lawton, 2019). It would appear the role of the NL is an active one, which strives to meet the demands of StNs in nurturing compassionate care. The various roles and responsibilities of NLs require their flexibility and expertise to support the delivery of compassionate care in practice.

4.3.3.2 The role of student nurses

NLs agreed the role of the StNs was to ensure the needs of patients are met by putting them first and developing a person-centred approach. It was felt that StNs are not the finished product and so the APNC is there to prepare and develops their critical thinking, both clinically and theoretically in compassionate care. NLs described how StNs are supported and socialised into the profession so that they emerge as a safe, competent and compassionate nurse.

4.3.3.2.1 Patients First

Patients' needs are central to compassionate care. NLs discussed how this was achieved by describing StNs performance on the programme. NLs shared experiences of teaching students about treating patients as an individual with wants, being responsive and fostering skill development. The following quotes capture putting patients first:

It's about empathy, it's about understanding, helping student nurses to understand how their patients feel. It's about remaining patient-focused, understanding a patients' journey, patient feelings, patient experiences, patient vulnerabilities. (FG2)

About putting the patient first, it's not about you and your mistake, it is about making sure they are safe. (P2)

They are advocating for patients. (P7)

Research carried out with StNs confirm the role of putting patients first, as well as others (McSherry *et al.*, 2016; Hofmeyer *et al.*, 2018; Waugh and Donaldson, 2016). Graduate nurses are expected to have a caring professional attitude that includes empathy, communicating, being non-judgemental, listening, and providing individualised care (NMC, 2018c). A virtuous response is therefore required, where knowing the patient, prioritising their needs, and ensuring beneficence (Sinclair *et al.*, 2016) is part of a compassionate delivery. The literature suggests students need to manage their emotional distress in patient relationships and be able to raise concerns as appropriate (Curtis, 2014). Bearing witness to suffering can make humans vulnerable (Wiklund Gustin and Wagner, 2013). NLs understand their role in supporting the StNs can enhance nursing practice by letting them know that patients are central to the care provided and should be treated compassionately.

4.3.3.2.2 Student nurse's landscape of socialisation

NLs understood that StNs face adversity, they get anxious and stressed while completing the course, with both internal and external pressures such as family, assignments and the need to be a competent nurse. Students are concerned about getting the balance right between emotional distress and satisfaction (Curtis, 2014). This can, of course, affect their performance on the course. Compassion can be nurtured when students are in situations of distress and fear (Smith and Smith, 2020). NLs highlight the challenges faced by students:

It falls on grounds that are really weedy because they've got baggage, they got issues, they've got vulnerabilities themselves, they've got experiences of poor compassion or great compassion.
(FG2)

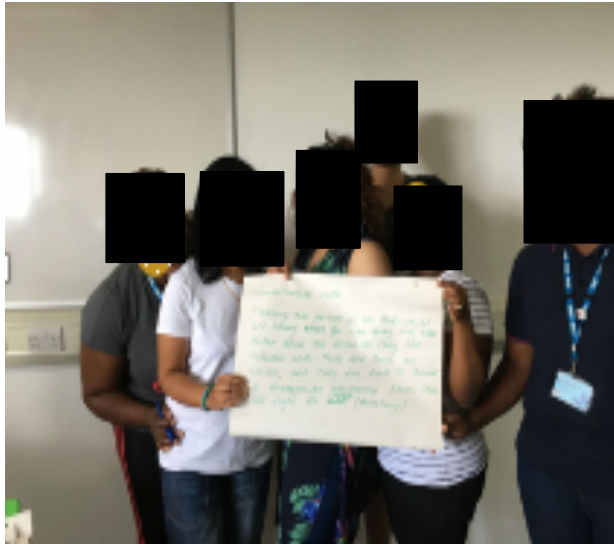
Students manage stress and anxieties. (P4)

StNs are working towards the dual qualification of a degree and RN (NMC, 2018b). However, the change from a vocational role to a degree is said to be a barrier to compassionate care (Durkin, Gurbutt and Carson, 2019). StNs are socialised into compassionate practice; however, this is compromised by the dissonance between ideals and the reality of practice (Curtis, Horton and Smith, 2012). NLs should recognise StNs develop compassionate behaviours over time; and that vulnerabilities exist which can conflict with nursing values (Nijboer and van der Cingel, 2019). Feeling vulnerable is also echoed by Jack and Tetley's (2016) study, as students shared their understanding of compassion by describing their role in being an advocate, being empathic, being there for others, and remembering the small things for patients. StNs are expected to recognise the vulnerabilities of self and others, and practice expected behaviours, look for risks and escalate concerns (NMC, 2018d; 2019e). The literature confirms StNs witness both compassionate care and poor care (Adamson and Dewar, 2015). NLs appreciated that the road to becoming a registrant could be a complex one for StNs as they seek to achieve both theory and practice elements. It is incumbent on StNs to work with others,

provide individualised care, use their initiative, take control of their learning and act as role models (NMC, 2018d), thereby improving nursing practice. In light of this, NLs endeavour to meet the needs of StNs in a compassionate, appropriate and timely way.

4.3.3.2.3 Student nurses as compassionate role models

StNs are not just consumers of knowledge but play an important role by engaging in the learning process. StNs should be actively involved in their education and are learning from a variety of professionals across various settings (NMC, 2018e). StNs also enact compassionate care while completing simulation and on placement. NLs have taken photographs of StNs taking part in small group activities, moving and handling and checking blood pressure to demonstrate how compassionate care is nurtured. Photograph 4.8 shows students who have completed a group activity related to compassionate care. P1 felt student role model compassion in their engagement and read out a quote from a group of StNs because it resonated with what compassionate care is about:



Photograph 4.8: 'A Group Activity', taken by P1

Treating a person as an individual and seeing them for who they are, rather than the condition they are labelled with. Take the time to listen and take

the time to build a therapeutic relationship. Allow them the right to choose (autonomy). (P1)

P1 emphasised how a taught session can help StNs nurture compassionate care and draws attention to their facial expressions, how they are holding the flip chart and how well StNs engaged in the group activity. They are expected to develop knowledge and skills in communication, relationships and management within the field (NMC, 2018d).

Students emulate what we do (P4)

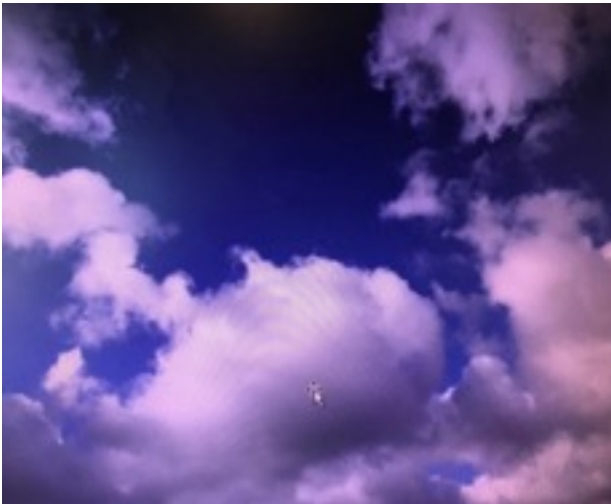
Role modelling is key if you don't role model those behaviours you are not going to get those behaviours back. (P6)

P6 adds to the discussion, sharing that StNs are able to role model compassionate care if it is demonstrated by NLs in their role. Students should

be capable of learning behaviours that foster values such as compassionate care (NMC, 2018d).

4.3.4 Effective communication

Effective communication, both verbal and non-verbal, is central to performing compassionate care for both StNs and NLs. NLs recognised the importance of being able to articulate thoughts and feelings to those in need and have helped StNs develop communication strategies and skills. P3 uses photograph 4.9 to demonstrate the complexity of communication when dealing with bad news.



Photograph 4.9: 'Clouds', taken by P3

It is also about been mindful with this image, there a few dark clouds there and not everybody is going to respond to you in a positive way. (P3)

Although the sky in the photograph appears blue, the clouds represent the unexpected behaviours that StNs may encounter while caring for patients. P3 recalls a patient who became angry towards them on receiving bad news and tried to apportion blame. StNs should be aware of how to respond under a variety of circumstances, as people are not always going to deal with their health concerns in a pleasant way. The following quotes capture NLs'

understanding of the importance of communication in delivering compassionate care.

It's about remaining patient-focused, understanding a patients' journey, patient feelings, patient experiences, patient vulnerabilities, and it's about listening and the care we deliver ... compassion is about the expression ... [of] our words, in our touch and in our actions, within our nursing care. (FG2)

[It] means how we communicate with each other; how sensitive we are and how empathic. It is about respect and not being afraid of what you are thinking and feeling and being in an open and transparent environment. I think it is being able to share your thoughts and feelings. (FG4)

Appropriate touch as a means of conveying compassion... when you have someone who cannot communicate verbally, touch can be very powerful. (P7)

Look, listen, feel, touch. (P2)

Understanding personal responses. (P5)

NLs also shared the need to touch: 'This is another opportunity to be tactile and to show compassion'. Positive communication by way of appropriate

touch to show sensitivity and emotion is regarded as being compassionate (Kneafsey *et al.*, 2015). Making that emotional connection and building that understanding is part of the enactment of compassion (Durkin and Usher and Jackson, 2018). Compassionate people can articulate themselves to others sensitively and are effective communicators both verbally and non-verbally. Compassion can be conveyed through communication by being relational which involves 'demeanour, affect, behaviour and engagement' with the person suffering (Sinclair *et al.*, 2016b, p.199). NLs discussed being compassionate in terms of their body language, resonating with StNs, using supportive words and engaging in the moment of suffering. The literature supports smiling, listening and responding appropriately in being compassionate (Bray *et al.*, 2014). This may involve listening to stories, what is spoken as well as unspoken, in order to validate and respond to the suffering of others (Wiklund Gustin and Wagner, 2013). Appropriate eye contact, active listening, tone of voice have also been identified as being compassionate (Kneafsey *et al.*, 2015). NLs share their descriptions in the many way non-verbal communication can manifest in compassionate care:

Appropriate touch is a means of conveying compassion. (P7)

It is the way they position themselves, body language as well. (P9)

If performing personal hygiene needs, just principles of privacy, dignity, patient choice, communication skills etc., all are key attributes of this concept of compassion. (P5)

There is a link between physical health and mental health, but the mediator is constructed by communication. (FG1)

Finger wagging does not have the desired effect. (P3)

NLs communicate with StNs in various settings, such as the classroom, skills laboratory, and in the practice setting. NLs considered the importance of picking up on certain cues that could alert them to when StNs were in distress, for example: sitting alone, facial expression, or isolation. 'Finger wagging' and 'shouting' were considered to be outside of being compassionate to StNs. Compassion manifests through action, such as gestures and dramatic actions (Wiklund Gustin and Wagner, 2013). The NLs described supportive communication skills that are non-judgmental, such as taking StNs to one side, being sensitive to their feelings and listening to them when they are upset. The literature indicates communication is a necessary component of compassionate care (Kneafsey *et al.*, 2015; Bramley and Matiti, 2014; Durkin, Gurbutt and Carson, 2019; Hofmeyer *et al.*, 2018). Effective communication matters in the practice setting, as it can inhibit and enhance compassionate care delivery. It calls for NLs and StNs and those in the caring profession to really understand how their actions are linked to how they think, behave and speak to patients.

4.3.5 Self-compassion and being reflective

NLs highlighted the need to be compassionate to oneself and said that without this, compassionate care towards others would be a challenge.

Need to be compassionate to oneself in order to be compassionate to others. (P6)

Those people who have difficulty showing compassion to others may not be able to show compassion to themselves. (P1)

There is knowledge of self. (FG1)

It was agreed that the knowledge of self applies to both NLs and StNs; which requires them to reflect and understand their own experiences, as seen the collaborative map in section 4.6.2.2. Although nurses prioritise patients, they also need to see themselves as a person in order to be compassionate to self. This may necessitate a change in behaviour and attitude towards self. The literature suggests self-care and self-compassion is a source of compassionate care, which is about the ability to be sensitive and non-judgmental about self and others (Wiklund Gustin and Wagner, 2013). Despite adversity, nurses need to constantly remind themselves of self-care practices, as a source of compassion, and avoid and recognise fatigue in oneself and others (Hofmeyer *et al.*, 2018).

Reflection was perceived as important for both NLs and StNs in recognising strength and weakness in practice. During lessons, StNs reflect on their

experience, which helps them to see the patients' perspective. NLs use reflection to develop skills and to become more self-aware of their personal and professional identity. The literature suggests nurse teachers use guided reflection to help StNs make sense of what is happening in practice, and also is a way to prepare for the teaching session (Curtis, 2013). StNs share their experiences with each other and NLs to gain a deeper understanding of compassionate care. The literature suggests critical reflection can support students to deal with challenges in practice (Jack and Tetley, 2016) and is a requirement of the NMC (2018c). NLs saw the value of reflection, which is very much part of their role and embedded in the teaching and learning of StNs. This can be viewed on the collaborative map as NLs record reflection as part of being compassionate with APNC. In practice, reflection is multifaceted, as it can be done alone or with others. Furthermore, being reflective enhances compassionate nursing practice, improve self-awareness and equips NLs in dealing with the challenges of healthcare and nursing education. It is therefore important to reflect in a meaningful way, even when faced with challenges in practice. Examining ourselves can lead to a more in-depth understanding of issues like compassion. Nurses can experience personal and professional growth through the reflection in and on practice.

Believer in reflection (P8).

Look at reflective practice (FG1).

Support with reflecting on practice (FG5).

Just pause for a moment and tell me why you did that, show me why you think that was effective' (P4).

For me it is a way of facilitative learning, I am not teaching them at this stage, I am just making them think - it's a vehicle for reflection (P7)

P7 described using angel cards to help StNs to reflect on their experiences. Each card represented an emotion for discussion with the group. P7 provides guides and supports StNs in the activity to reflect and learn about the emotional context of nursing. P5 describes a classroom session where StNs' reflect on their experiences in critical care. NLs identify their role as facilitative, which helps the StNs reflect on their practice and develop feelings of compassion. These findings are consistent with the literature, which use stories (Adamson and Dewar, 2015) and online discussion forums (Hofmeyer *et al.*, 2018) to help students reflect on their learning and practice. RNs are required to feel 'empowered and are supported to become resilient, caring, reflective and lifelong learners who are capable of working in 'inter-professional and inter-agency working' (NMC, 2018c, p. 9).

4.3.6 Resilience

NLs linked compassionate care to being resilient, recollected how resilience featured in their role, and enabled them to overcome adversity.



Photograph 4.10: 'Bud on Dead Wood', taken by P6.

Resilience is considered to be a necessary skill for StNs to develop. P6 discusses resilience using the plant hydrangea.

This is a bud on dead wood, a bud that grows on dead wood ...This is a hydrangea that happens to be in the back garden ...This plant has survived over the winter ... you have the little buds flowering on deadwood. They are quite resilient in themselves, so it demonstrated resilience to me. (P6)

In the focus group, NLs also debated the concept of resilience, and the discussion produced the following contrasting viewpoints:

I am going to be an advocate of resilience because that is reality, or should we all just give up? (FG2)

FG1: No. You should not be caned when your resilience wears out, but people are going to get caned for it. I think so, compassion also has a ceiling there, as does resilience for us as nurses ... they are being blamed for being weak ... lack of collectivism. In the current healthcare climate, it is important for nurses to work together as a

group, supporting each other in their role. [...] compassion has a celling there, as does resilience for nurses. (FG1)

It was agreed that nurses should be supportive of each other in practice and to act more collectively as a group. NLs added another perspective to the discussion:

*I think resilience is about perseverance and retaining core values.
(FG4)*

*I worry about resilience. It is a mask for covering up ... if you don't feel that something is right, why shouldn't you feel upset about it?
(FG3)*

Mask wearing appears in the literature, as StNs confirm feeling the need to wear a mask to show compassion (Curtis, 2014). Suppressing emotions for the benefit of patients can be challenging in teaching professional boundaries (Curtis, 2013). Personal resilience increases job satisfaction and care for others (Hofmeyer *et al.*, 2018), however, requires emotional support to build it (Durkin, Gurbutt and Carson, 2019). NLs in the focus group achieved an overall consensus that there are different levels of resilience, and it is a requirement of the NMC (2018d). It was agreed that RNs should persevere in trying to achieve it and acknowledge its existence in practice. Resilience was seen to strengthen StNs' emotionally in the face of adversity. This calls for

RNs and StNs in practice to overcome challenges by being resilient, thus mitigating against the demands of their role.

The theme compassionate people provides an understanding of the required attributes to be compassionate to another. The practice of working together in a compassionate way can enhance the delivery of compassionate care to StNs and patients and create a more supportive environment and a compassionate culture.

4.4 Theme: Compassionate curriculum

Theme: Compassionate curriculum
4.4.1 Curriculum development
4.4.2 Teaching and learning methods
4.4.3 Assessment, feedback and support
4.4.4 Practice

The data suggests that a compassionate curriculum should explicitly prioritise the teaching and learning of compassionate care, so that staff and students can achieve excellence in the care of others and themselves. This description proposes NLs value compassionate care as a core concept in nursing and nursing education. The research question: ‘what are the experiences of NLs teaching and learning within APNC?’ This question is addressed in this theme, by NLs gave an exploration of how they contributed to the curriculum, how

they taught StNs using various methods, and how assessment, support, feedback and practice nurtured compassionate care. NLs perform multiple roles in theory and practice, and so there are many settings and opportunities to be compassionate to StNs. The photographs depict a visual representation of the many settings and opportunities in which NLs can perform compassionate care as they go about delivering the APNC. A compassionate curriculum exposes NLs experiences and the importance in developing and nurturing compassionate care. This theme and subthemes are reflected in Map 2 and are discussed as follows:

4.4.1 Curriculum development

The importance of curriculum development in nurturing compassionate performance needs to be reflected more explicitly in the APNC. The majority of NLs felt that compassionate care was threaded throughout the nursing curriculum in various guises:

Informally and formally (P3)

The course is predominately developed to promote compassionate responses and give people hope (P1).

Compassion should be more overt (P2).

It happens naturally across the course (P4).

The content in itself evokes a natural compassionate response (P5).

Compassionate care is 'integrated throughout and not a separate component (FG4).

The new curriculum reflects it (P6).

NLs saw the new NMC standards (2018c, 2018b, 2018e) for the APNC as an opportunity to embed compassionate care. Nurse educators can nurture and develop StNs compassionate practice through developing the curricula (McSherry *et al.*, 2017). The literature overwhelmingly supports a curriculum that prepares students for the reality of the provision of compassionate care, along with competing pressures (Horsbury and Ross, 2013). The programme characteristics can lead to positive and negative outcomes within nursing (Coffey *et al.*, 2019), and this should be open to external scrutiny (McSherry *et al.*, 2017). Essentially, all nursing education should have care, compassion and professional and ethical values at the centre of its ethos (Christiansen *et al.*, 2015). The curriculum offers the opportunity to create learning contexts from which StNs can be supported to explore the human condition of compassionate care through competent action. Developing compassionate care throughout the curriculum has real practice implications as StNs and NLs, as both are required to enhance patient care and outcomes. The emphasis is on NLs to support the development, planning and implementation of a compassionate driven curriculum.

4.4.2 Teaching and learning methods

All NLs were able to clearly identify and articulate teaching and learning strategies that provide the opportunities to nurture and role model compassionate care. This sub-theme generated a large data set, as seen in Table 2, which captures the diversity of approaches shared by NLs, demonstrating their expertise and flexibility to enable StNs learning. Each approach is discussed to show how NLs felt they enabled StNs development of compassionate care.

Table 2: Pedagogical approaches to teaching compassionate care	
<ul style="list-style-type: none">• Simulation and role play• Videos• Reflection• Lectures – small and large group teaching• Supervision• Problem-based learning• Poetry• Debates and discussions• Coaching• Experiential learning	<ul style="list-style-type: none">• Flipped learning• Online learning• Educating for a compassionate brain• Storytelling• Assessment• Feedback• Student support• Tutorials• Practice learning

4.4.2.1 Simulation and role play

Photographs 4.3, 4.4, 4.11 and 4.12 demonstrate how compassionate care can be nurtured in teaching and learning in regard to mouth care, measuring blood pressures, intramuscular injection techniques and manual handling through flipped learning, experiential learning, simulation and role-play and coaching. Skills sessions and theory are useful in the undergraduate programme (Horsburgh and Ross, 2013). NLs use a flipped learning approach

with online learning resources and videos, so that StNs gain knowledge before classroom activities and clinical skills. NLs use these approaches to ensure StNs are more fully engaged and take ownership. P4 facilitated a catheterisation simulation activity with StNs, using a 'stop and pause and talk' technique to discuss how a procedure should be carried out to ensure respect, dignity and privacy. StNs complete preparatory work and then learn experientially in a safe environment. StNs are asked to use reflection to develop critical thinking and to develop the required skills in being compassionate.



Photograph 4.11: 'Skills Lab', taken by P4.

...imagine that I'm the patient whilst you are performing this skill on a plastic mannequin. I am going to be a voice, and I am going to give you some of the kind of responses that a patient actually might say. (P4)

This approach is emulated by P7 in photograph 4.12, when teaching manual handling to a small group of StNs. The power of touch is a skill developed by asking StNs to pause and think about the care provided. A 'stop, pause, think' approach ensures StNs grasp the fundamentals of the task and understand the patient's perspective and experience of care. NLs watch and supervise StNs learning through simulation activities; helping StNs to know how patients

feel and experience care. NLs use small group discussion, supervision and coaching approaches to facilitate and to narrow the gap between learning theory and practice.



Photograph 4.12: 'Touch', taken by P7

You're not going to bring everybody along with you. So, it's got to be a drip, drip, drip approach. (P1)

I think ... role play, simulation is a good way of demonstrating and developing compassionate behaviours. (P9)

We talk about appropriate touch as a means of conveying compassion and how powerful that is. (P7)

Compassion has been described as both inherent and something that can be nurtured through experiences (Bond *et al.*, 2018). This is contradicted in the literature, as some health professionals and StNs felt compassionate care could not be taught or measured (Bray *et al.*, 2014). Compassionate care is a learned behaviour, which individuals are responsible for (Bramley and Matiti, 2014). Research by Durkin, Gurbutt and Carson (2019) identified 5Ws to teach compassion: Why? What? How? From whom? Where? The application

of this is not dissimilar to what has been presented in these findings. NLs have shared their teaching experiences of compassionate care and as such, have demonstrated the 5Ws through simulation and role modelling. NLs discuss frameworks such as ABCDE, SPIKES and TILE, which are useful for developing StNs' compassionate care in small groups.

I taught the SPIKES method of communication on how to respond to challenging situations with patient and families. (P5)

NLs use a problem-based learning approach and frameworks with StNs to solve problems and enable StNs to learn real-life situations in a safe environment. NLs use a reflective approach to help StNs to understand and evaluate the process of being compassionate in their nursing practice. The collaboration map, described in section 4.6.2.2, offers an approach to teaching and learning compassionate care. Teaching and learning methods have practice implications, as using a variety of approaches provides the opportunity to nurture compassionate care in different contexts and settings.

4.4.2.2 Educating for a compassionate brain

In the focus group, NLs discussed the importance of teaching and learning about the brain's anatomy and physiology to enhance StNs understanding in developing compassionate behaviours. The psychoneuroimmunology was mentioned as a way of understanding how the brain works. This is represented in the collaborative concept map 3 in section 4.6.2.2. NLs felt that

there should be no disconnect between mental and physical health. In ADPEI
NLs also shared this point:

*[The] human brain is designed to respond to compassion, whether
it wants to or not. (P1)*

*About you know, A&P and brain and how the brain responds to
kindness. (FG1)*

*Pyschoneuro stuff, these big words ... maybe that should be taught
up front. (FG5)*

*[The] ontological shift of a student ... almost like an “ah-ha” moment
... the shift is to make people realise they are dealing with human
beings, who are deserving and demanding of compassion. (P1)*

*Is it inherent in ourselves? ... We are testing what is demonstrated,
and so arguably some people could demonstrate compassion and
not really feel it, or it be true. (P5)*

P5 questions whether compassion is innate, and whether it is really felt. This uncertainty supports further learning about the cognitive processes involved in compassionate care. NLs comments suggest the brain plays an important part in the performance of compassionate care. The literature indicates that HCP should be compassionate regardless of their feelings; however, this

could be deemed fake or professionalised (Kneafsey *et al.*, 2015). Understanding the emotional labour of compassion (Curtis, 2014) and the learning trajectory to emotional engagement over time (Msiska *et al.*, 2014) can be beneficial StNs progression. The study of the neuroscience of compassion (Goetz and Simon-Thomas, 2017) and the exploration of how the body and brain respond to receiving and expressing compassion to self and others (Gilbert, 2017) may help StNs to bridge the theory and practice gap and help the understanding of the science of compassion. The literature supports compassion training (Sinclair, 2016c; Gilbert, 2009; 2010) to ensure an understanding and delivery of compassionate care. Educating StNs in the role the brain plays in the delivery of compassionate care can be beneficial in managing and understanding their emotions and response to suffering and alleviating it in practice.

4.4.2.3 Storytelling

Storytelling was a technique that came up several times regarding helping StNs understand how to be compassionate. NLs said that stories opened up discussions and allowed StNs to share their feelings and enhanced their communication with patients. The empty classroom (photograph 4.13) depicts the environment where StNs learn in large and small groups. NLs have to adapt to various group sizes to meet the needs of StNs and to deliver APNC. P5 described an emotive session about safeguarding, where a StN shared their personal story. P5 initially role modelled compassionate care to the StN, paving the way for other StNs to role model compassionate care.



Photograph 4.13: 'Empty Classroom', taken by P5

.. very bravely shared experiences in relation to that discussion which was unexpected, so I demonstrated the caring and compassionate approach. (P5)

P5 felt StNs in the session were engaged and moved by the story and appeared to have mastered the concept of showing compassionate care to another person suffering. P5 used the classroom to debate and discuss issues with StNs, which developed their communication skills and compassionate responses to each other. Stories and anecdotes help StNs describe compassionate behaviours, placing the focus on the patient. Stories support StNs learning about person-centredness and compassion (Waugh and Donaldson, 2016), thereby addressing the theory and practice gap. Stories can trigger the process of StNs thinking about their values and others' needs, which in time can inform individualised compassionate approaches to care (Adamson and Dewar, 2015). NLs found reflecting on past experiences to be a useful tool in revealing human nature and how compassionate care can be delivered. When telling stories, emotions are shown through the words used, to convey a meaningful approach to compassionate care. NLs described creating an ambience in the classroom, which can be achieved through the

narrator's style, by giving space, and effectively using silences and pauses. StNs can be inspired by the stories told. Some NLs described the audible emotions during classroom activities by StNs. P9 discussed how sharing poetry with StNs to articulate their experiences. Jack and Tetley (2016) also found poetry a useful approach to sharing compassionate experiences. P9 goes further and builds on the importance of sharing:

The more you give, the more you get back. There is a line, obviously. You are not going to tell people your life story, but if you share a little bit in an appropriate way, then that can really help the student nurses. It is about that therapeutic relationship, isn't it? The therapeutic relationship is a big thing with compassionate care. (P9)

P8 discussed the benefits of using service users (SUCCESS) in the curriculum, who would share personal stories with StNs and contribute to their understanding of compassion. However, it is recognised that educators face challenges in engaging service users and carers in shaping and delivering the new curricula (Griffiths *et al.*, 2012).

These findings resonate with several studies that explore how compassionate care can be enhanced through teaching and learning approaches (Jack and Tetley, 2016; Curtis, 2014; Msiska *et al.*, 2014; Hofmeyer *et al.*, 2018; Waugh and Donaldson, 2016; Adamson and Dewar, 2015). The use of stories and reflective learning does contribute to StNs learning about compassionate-

centred care (Adamson and Dewar, 2015), thereby evoking feelings and engagement in patients and others' suffering.

4.4.3 Assessment, feedback and student support

This subtheme is a driving force in enhancing the StNs experience, NLs discuss managing expectations, their practices, and share how this was achieved compassionately. Assessment, feedback and student support are discussed as follows and are referred in Table 2:

4.4.3.1 Assessment

NLs highlighted the importance of assessment in achieving safe practice, quality care and protecting the public. NLs discussed the assessment of StNs in relation to marking theoretical work and practice learning. They discussed the increased pressure on StNs to achieve and NLs challenges of being an assessor.

*It is sometimes challenging for us as teachers, as assessors ... now
I think we do demonstrate and should demonstrate compassion in
our role. (P4)*

We are assessing them for their compassion. (P3)

If you have failed something, you feel an emotional attachment.

(FG1)

Assessor element ... it isn't always possible to do that ... we have to be able to say sorry, but you are not reaching. (P4)

NLs agreed that StNs are assessed on their compassion, which takes place both theoretically and in practice. While NLs clearly recognised the importance of assessment, no recognised tool was shared to measure compassionate care at the time. There are tools available, however, few studies in the UK, and indeed globally, outline how to measure compassion (Durkin, Gurbutt and Carson, 2018). However, NLs suggested other tools such as the SPIKE method of communication and ABCDE to support a compassionate approach to care. NLs have an additional role as an academic assessor, which involves assessing the students' progression in the programme (NMC 2018e; NMC 2019c; NMC 2019d). This will include the assessment of compassionate care in line with the NMC (2018d) standards of proficiency. NLs described sources of evidence to include feedback from patients, practice teams, colleagues and the multidisciplinary teams and leaders and some summative assessments. StNs need to be supported through this process, as the focus on assessment can act as a barrier to compassion (Durkin, Gurbutt and Carson, 2019). Overall, the challenge for NLs is saying to StNs that you have not achieved the required standard in a compassionate and supportive way.

4.4.3.2 Feedback

NLs agree that feedback to StNs was essential for their progression and the learning process. The nature of feedback is in the context of those provided to StNs as well as NLs. Feedback about summative assessments, session delivery, and performance in practice featured in NLs discussions. All NLs had received some sort of positive feedback about their performance and strived to be compassionate in their feedback. NLs discussed verbal and written feedback and how this exchange can be done more compassionately. P7, who provided an anonymised document of a feedback sheet, discussed the role of the editor, which should be compassionate.

Show compassion in our written feedback and in our work as academics. (FG2)

Encourage students and go through their work with them. (P7)

Results – it is raw ... students need to calm down and read feedback. (P7)

Treat them in their feedback with compassion and show them how. (FG2)

Empowering students in feedback. (P7)

Giving us feedback – close the loop. (P8)

It would appear that NLs regularly give feedback to each other, StNs and the wider teams, and it is part of their day-to-day activities. Giving StNs feedback is vital to their progress and the achievements of proficiencies and skills (NMC, 2018e). External reinforcement from patients, colleagues and teams provides essential feedback on the performance of compassionate care (Tierney *et al.*, 2017). Some NLs viewed students like patients who are deserving of compassionate care. These findings accord to building an emotional connection, being present and seeing the individual to strengthen the delivery of compassionate care (Durkin, Usher and Jackson, 2018). Conversely, StNs feeding back about the learning can be a positive experience (Adamson and Dewar, 2015). It is suggested that a feedback loop provides confirmation of worthwhile compassionate action (Tierney *et al.*, 2017). NLs in the role of the academic assessor is required to give 'constructive feedback to facilitate the professional development of others (NMC 2018e, p. 11), as the evaluation of learning not only contributes to the development of compassionate care but is part of the approved APNC.

4.4.3.3 Student support

It is the desire of NLs to put StNs first by supporting them both personally and professionally and was seen as an important aspect of being compassionate. NLs discussed being responsive and making time to support them. StNs are supported in numerous ways, for example in tutorials for modules. NLs described support in relation to a variety of roles already discussed in 4.3.3.1. Some NLs describe the importance of reaching out to students and wanting to

give support. P7 uses photograph 4.14 to represent making StNs and staff feel at ease by talking over a cup of tea face to face.



Photograph 4.14: 'Tea', taken by P7

So, it not just tea and sympathy, and it is more around showing that I have time for them. If can show that I am happy to get them a drink or go somewhere quieter where we can

get a drink. It representative of showing time and compassion. (P7)

I see student nurses on a one-to-one basis ... dealing with them in a way that is very sensitive. (P3)

NLs show there are many opportunities to be supportive and compassionate to StNs, which they feel is an essential component of their performance. Compassionate care involves the ability to connect with others and have clarity in personal and professional boundaries (Newham *et al.*, 2017). Having time for small group teaching and emotional support poses a challenge for nurse teachers (Curtis, 2014).



Photograph 4.15: 'Sunflower', taken by P3.

Sunflowers grow towards the sun, so if you give something positive, if you give student nurses an opportunity to make the right choices and you are compassionate in the way that you do that, they will

grow and develop ... I am looking to support student nurses to become that sunflower. (P3)

The photo 4.15 shows a sunflower that stands out among the greenery. StNs are like sunflowers growing upwards and onwards with the support of NLs. The narrative here is about developing relationships with StNs through being compassionate and enabling choice. RNs are responsible for supporting StNs through learning and assessment and supervision (NMC, 2018c). The literature is clear about supporting students, Curtis (2013) suggest that enabling students to learn and achieve professional standard despite adversity. Furthermore, novices need support to build their resilience and empowerment so compassion can be sustained (Nijboer and van der Cingel, 2019). For many NLs, StNs are like patients who are deserving of support and compassionate care.

4.4.4 Practice

Nursing practice is an essential element of the learning culture within APNC (NMC, 2018c). All NLs are RN with the NMC and so undertake the role of the academic assessor to collate and confirm progression of StNs(NMC, 2018e; 2019c) which supports practice learning. NLs shared experiences of visiting StNs in the clinical setting, working with practice partners to support experiential learning and dealing with practice issues as they arose. NLs understand their role is to oversee and guide StNs to ensure a positive experience. This can enable them to develop the right skills in compassionate care.

We can't always see what our StNs are doing in practice. When they are in practice ... they are often party to the theory-practice gap. We have all been there. We all understand it and actually maintain that basic level of compassion. I think that is the glue required. (P1)



Photograph 4.16: 'Practice' taken by P4.

Seeing StNs, supporting them in their placement, and supporting mentors as well ... I think it is about early detection and identification,

and that is what works well in the practice team. (P4).

They have a difficult time in practice. (FG5)

Photograph 4.16 depicts a hospital where StNs are placed and where they have opportunities to learn about compassionate care and be assessed.

Given nursing practice is central to the learning of StNs, these findings suggest the practice environment is integral to the development of compassionate care (Bray *et al.*, 2014), and support should not be underestimated. NLs understand that StNs can feel lost frightened and discouraged in the practice setting (Smith and Smith, 2020), leading to student socialisation that is fundamental to their learning, although fraught with challenges (Curtis, Horton and Smith, 2012). NLs coaching StNs, as previously discussed in section 4.3.3.1, is a helpful approach in skill development and problem-solving in the practice setting. Clinical practice provides encounters with patient and professionals who are important in shaping StNs understanding of compassionate care (Bray *et al.*, 2014). NLs are engaged in supporting StNs experiential learning while in practice. The implications for practice are that NLs embrace the role of academic assessor, and support StNs to understand how the practice setting can increase opportunities to cultivate compassionate care with patients, and so improve health outcomes.

The theme of compassionate curriculum calls for those working in nursing education to ensure compassionate care is explicitly developed in the curricula. This should involve using a variety of teaching and learning approaches, so that it is nurtured in practice. NLs have embodied a compassionate response in the assessment, support, feedback and practice

of StNs, thereby highlighting the numerous places compassionate care can exist.

4.5 Theme: Compassionate culture

4.5 Theme: Compassionate culture
4.5.1. Nursing profession
4.5.2. Recruiting compassionate people
4.5.3. Leadership and management
4.5.4. Managing poor performance compassionately

Following a synthesis of the data, a compassionate culture is the shared human relationship and performance by those existing in it, whatever their position, thus seeking to nurture and sustain others' compassionate care in spaces that happen both internally and externally. This description offers a comprehensive understanding of a compassionate culture. Map 2 reflects the theme and subthemes that come into play. The research question 'how is the concept of compassionate care is enacted/ performed by NLs within APNC? Has been addressed in terms of the culture in which NLs exists. NLs identified creating a culture where compassionate care can flourish, requiring several essential elements to come together. An understanding of the nursing profession, recruiting the right person, having excellent leadership and management that can navigate systems and processes and have the ability to deal with poor performance compassionately. P1 captures elements of this, in the quote below:

Discursive practices, so it's what happens in the spaces in between, so you got the discourse, the hospital, the patient, the staff, policies the procedures, the NHS... there is something going on between them all, which creates care. (P1).

This suggests that a compassionate culture is working between the spaces amongst the enabler and inhibitors of compassionate care. NLs are navigating through spaces to enhance compassionate care.

4.5.1 Nursing profession

The nursing profession strives towards being compassionate, but it faces numerous challenges. NLs agreed that the nursing profession is a rewarding and privileged position of influence. It is evident NLs view nurses as caring and compassionate people, and despite operating in a culture of change and adversity, they strive always to put patients first. It was acknowledged at the time of this study that a new curriculum was under development in line with the new NMC standards framework (NMC, 2018c) for nursing education, which meant embracing further developments and change.

Nursing is not just a body of knowledge. It reaches out, and it touches people, and it affects people's lives. (P2)

For me, nursing has been a validation for my life. (FG1)

Nurses are the glue that keeps together the delivery of the service to patients. If you do not have sufficient numbers of caring and compassionate nurses, the patient and perhaps their relatives begin to suffer immediately. (P9)

You also get to them to look at the politics around care because to be compassionate ... you have to be aware of political constraints that you are working in. FG1

You're a nurse, you're the one they trust, you're the one they grab and say nurse can you explain what you mean by that. That is why nursing is such a beautiful, special relationship, and again, that is compassion. (P2)

Nurses are trying to be compassionate despite being stressed and busy. (P8)

Develop as a continuum throughout personal and professional life as a nurse. (FG3)

The performance of compassion is a fundamental value in nursing (McSherry *et al.*, 2017) and is enacted through appropriate actions and attitudes (Durkin, Usher and Jackson, 2018). Nurses are viewed positively in the media and are described as compassionate and hardworking (Bond *et al.*, 2018). NLs agreed that patient needs should be prioritised and dealt with compassionately.

Educators have suggested compassion is an essential value, and a reduction in it can lead to poor care (Winch, Henderson and Jones, 2015). NLs discussed the political context in which nursing exists. As such, nurses should look at government policy more and be aware of what can block compassionate care delivery. These blockers are described as getting in the way of nurses delivering compassionate care. Compassion is part of the nurse's professional identity (Nijboer and van der Cingel, 2019) although fraught with the challenges in the changing roles (Curtis, 2013). A compassionate nursing workforce is instrumental to the practice of compassionate care delivery, as nurses strive to reassure patients, the public and health providers of their commitment to alleviating suffering through appropriate and competent action.

4.5.2 Recruiting compassionate people

Some NLs mentioned the importance of recruiting the right people. The current valued-based recruitment (VBR) supports the employment of compassionate people into pre-registration nursing (HEE, 2016). All the NLs had interviewed StNs with SUCCESS and trust partners, so they were well-versed on the importance of recruiting the right applicants in partnership, and the benefits of this approach. P2 used an image from the Internet, depicting seeds growing into a stem:

All StNs should be fertile ground though. They shouldn't be able to get through the interview not having some fertile ground within their souls to develop compassion. (P2)

To build on this, another NL remarked that

Recruitment is really important. You recruit people with the right personal qualities if you can. Sometimes you don't get that right, but you try to foster that sense of getting the right people in the first place so that you can develop and shape the right people, with the right knowledge, skills, and abilities and qualities. (P6)

Building on this point, P8 explained that on open days:

We need to make sure that we are presenting our compassionate side to them, as we are nurses. (P8)

The literature suggests that a lack of compassion could be avoided if those entering healthcare professions already had compassionate qualities (Bray *et al.*, 2014). Nursing is valued as a compassionate profession which is associated with the recruitment and retention of staff (Bond *et al.*, 2018). The recruitment should be based on the attitudes, values and behaviours of compassionate care (Francis, 2013) in order to enlist the right applicants. Measuring prospective nurses' compassion is considered beneficial as a baseline (Durkin, Gurbutt and Carson, 2018). NLs confirmed that there is an

expectation of recruiting, retaining, and satisfying StNs needs (Curtis, 2014). Compassionate care should be visible from the interview and should be enacted throughout the APNC as a part of clinical competence. The implications for practice are that all who come into the profession should hold dear the value of compassion, which can then be nurtured and built on by talking to recruits to elicit their experiences of compassionate care.

4.5.3 Leadership and management

NLs confirmed that a compassionate culture requires compassionate leadership and management to enrich both StNs' experiences and those of the academic team. NLs agreed that the university in which they worked is compassionate and has an emphasis on putting StNs first. The following comments highlight that creating an environment of compassionate care is key to all those involved:

The best manager is professional, empathic, very compassionate, and intuitive (P9).

Through leadership, they showed compassion and care for members of staff ... they were incredibly loyal and did an incredibly good job. For them, compassionate leadership was key. (P6)

I do think that we have a culture in this organisation of being caring and compassionate towards student nurses. (P4)

It is important to develop an organisational culture of compassion, and how we do that is, how we integrate with each other, how we behave around each other. (FG4)

Although NLs felt that the organisation was supportive of StNs and staff, it was felt that a lack of leadership and management could impact on StNs' experiences and development of compassionate behaviours. Adequate leadership is required in universities and practice if StNs are to aspire to provide compassionate care (Curtis, 2013). As a group, NLs felt they worked well as a team and were supportive to the needs of each other. Good teamwork, effective communication and inspirational leaders can boost morale (Christiansen *et al.*, 2015). The literature concurs that effective leaders and managers can impact on healthcare by either inspiring others, promote safe and quality care and enhance compassionate care provided (McSherry *et al.*, 2017).

Similarly, having a compassionate workplace culture involves treating people with respect, acknowledging different ways of working, and appreciating the individual skills that exist (Smith *et al.*, 2014). Having 'time for compassion' is essential to avoid a conveyor belt culture and to avoid culture of error, and blame (Crawford *et al.*, 2014). A compassionate culture in nursing is having leaders and managers who are able to balance the competing demands and create a compassionate work environment (Straughair, 2019). The implication to practice of having compassionate leaders and managers are that NLs feel included in decisions, feel understood, have time to be compassionate, and

are surrounded by positive intentions and actions that enhance nursing education and practice.

4.5.3.1 Systems and processes

This sub-theme relates to working with systems and processes within the organisation. P1 commented that ‘To be compassionate you have to subvert the system’. The systems and processes in which NLs operate can inhibit and enable compassionate care (Christiansen *et al.*, 2015; Tierney *et al.*, 2017). Therefore, this needs to be sufficiently supported to reduce inequalities.

They are working in a system. That system will try to disagree with you ... you start to deconstruct it, or you see inequalities in the system ... My philosophy is that you try to raise these issues which pertain to care. (P1)

You got those confounding factor ... and distractors, people who they will encounter who lack compassion and are the antithesis of compassion in their care. (FG2)

To be able to engage in those processes that are going to help provide compassionate care. (P6)

A study with HCP found compassion is lost when the system takes over (Kneafsey *et al.*, 2015). Nurse teachers have disclosed dissonance in relation to the university's expectation and their role, as well as difficulty in enabling students to learn professional ideals due to the reality of the constraints that exist (Curtis, 2013). Organisational constraints have created dissonance between the reality and ideals of nursing practice and time constraints that can affect teaching meaningfully (Curtis, 2013). NLs accepted that systems and processes within education, nursing and the NHS are not always compassionate; however, have found ways to navigate around them by working together. The practice implications are that NLs need to be aware of systems and processes, which exist in health care services and nursing education. They should seek out ways to overcome the challenges to achieve compassionate care.

4.5.4 Managing poor performance compassionately

NLs felt that it was essential to highlight and manage any poor performance in StNs in order to protect the public and ensure safe care. Photograph 4.17 depicts the gates of the university, showing the entrance and exit. It also presents the end of the road for those StNs who have left the course for various reasons. A compassionate culture should feature at each spectrum of the StNs' journey, on entry and exit.



Photograph 4.17: 'Railings', taken by P3.

When you deal compassionately with an individual, you ultimately also have to make the right decision'... ultimately your compassion is going beyond that immediate situation to think about how the public been is protected (P3)

It was felt that following due processes, policies, and procedures is an important part of being compassionate. When StNs underperform on the course, they were dealt with sensitively, especially if discontinued. NLs saw that compassion alone was not enough and so being knowledgeable, safe, and an experienced practitioner was regarded highly. The literature supports this thinking as a study rated acquiring knowledge over having compassion (Bray *et al.*, 2014). Another comment made was the notion of being 'cruel to be kind' (P7), meaning that NLs may have to fail StNs in their assessment, which was construed to be beneficial in the long run for their professional development and the public interest. This is not dissimilar to the tactic of 'tough love', identified to help StNs in the long run. It was recognised that failing StNs was not a pleasurable experience but necessary to protect the public. The following quotes give some insight:

In trying to deal with StNs in a compassionate way, ultimately your compassion is going beyond that immediate situation to think about how the public is being protected. (P3)

Student nurses might be compassionate but be unable to cope with the demand ... struggling with clinical competence ... StNs should take responsibility for their failure. (P9)

For some, failure can be a way to grow and learn. (P7)

When students fail or have not performed, it is time to be compassionate. (FG2)

It was agreed that this was a challenging time for NLs and StNs, and while NLs are empathic to how StNs feel, it is imperative to achieve quality care by following due process. As a group, NLs managed this sympathetically and compassionately to enhance learning and growth. The practice implications are those responsible for healthcare and nursing education to escalate concerns and manage poor performance as it is a necessary task to protect the public (NMC 2019).

4.6 Theme: Compassionate lens

4.6 Theme: Compassionate lens
4.6.1. Photographs
4.6.2 Individual concept maps and collaborative concept map

My findings are that compassionate care is further enhanced by having a compassionate lens, which is akin to a panoramic view of the whole. It uses images and dialogue, to remember, see and then articulate the needs of others compassionately. This description offers a broad visual perspective of what and how NLs see the world that impacts on their performance of compassionate care. This theme addresses all three research questions, as there are descriptions of compassionate care, learning and teaching experiences, and the performance by NLs can be seen within the concept maps, Map 1 and 2 and photographs. A compassionate lens shines a light on the spaces in which compassionate care exists. It shows NLs view in terms of visibility, action and expression. Viewing photographs with NLs was a way of observing and visualising their practice and experiences by going into the spaces where compassionate care is enacted. Map 2 reflects this theme, showing the sub-themes which include various people, plants, animals, simulation, setting, and objects. However, two NLs used internet images, emails, documents, and/or clip art. Most NLs enjoyed the experience of taking photographs, although some of them found it challenging to choose a photograph or the right moment in which to take a picture:

It is hard to photograph it (P7).

Help me recall event (P3).

I enjoyed reflecting and linking the pictures (P6).

Photo represents showing time and compassion (P7).

This picture represents pain and suffering (P2).

Each NL has a different lens and viewpoint, which is subjective and changes over time, to engender a creative expression of visual culture. Creative methods offer a way of reflecting on work experiences (Smith *et al.*, 2014). It allows the NL the distance to reflect back on activities in a way that is not familiar to them.

4.6.1 Photographs

Based on an analysis of the photographs as a whole, the following categories emerged:

- People/living things – picture of family, staff, StNs, plants, animals
- Simulation – group activities – manual handling, mouth care, blood pressure
- Setting – classroom, local hospitals, sky, university gates
- Objects – cards, computer images, emails, word documents

4.6.1.1 People

NLs discussed compassionate people they had encountered at work and in their personal lives; this was discussed in section 4.3. Photographs were taken of compassionate people; however, just one NL used photographs of both a family and staff member because they demonstrated compassionate behaviour and action. It is necessary to see people as they are, as human beings that suffer (Terry *et al.*, 2017). Photographs of people added meaning and were used to describe the culture of NLs.

Each picture has a different statement ... There is some real power in the images and what I like about them is that they are all different, but there is something consistent within the images. What they are holding up is their version of compassion. What really strikes me about the image is the care in which they are holding, I know it's just a flip chart, but if you look at how they are holding the flip chart, it's like they are holding something important. (P1)

Photograph 4.9d depicts an arm stretched out. P6 attempted to convey the emotion of reaching out to StNs in the act of supporting them. They found that it was challenging to capture the feeling of reaching out. The point P6 is trying to make is the importance of being available and wanting to support StNs by working in partnership with them. NLs are pointing out the emotion that can be seen in the body language of compassionate people. When confronted with a vulnerable face of another human being, caregivers are called to act and care (Wiklund Gustin and Wagner, 2013). Altruistic motives have been identified as

a source of compassion among nurses (Zamanzadeh *et al.*, 2018). Using people in photographs conveys a visual message of their attitudes and actions in a way that words alone could not achieve. Photographs of people used by the participants can be seen to prompt a more meaningful discussion (Rose, 2013; Harper, 2002).

4.6.1.2 Plants

Some NLs took photographs of plants (sunflowers, hydrangea, seeds growing to a plant), providing a uniquely rich perspective of compassionate care. P6 described the deadwood of a hydrangea plant that had a live bud (Photograph 4.9), which was meant to represent being resilient and surviving the harsh winter weather. The leafy plant (Photograph 4.2) presented many opportunities to show compassionate care and to role model to StNs. P2 used an image of seeds growing to convey how compassionate care can be nurtured over time. The seeds growing from the ground represented the biblical story, the parable of the sower and the need to keep sowing the seeds until they fall on fertile soil. Spirituality can be a driving force for some in delivering compassionate care (Zamanzadeh *et al.*, 2018). There is a gradual change in the trajectory for student nurses to demonstrate compassionate care over time (Msiska *et al.*, 2014). It is necessary to be patient with StNs and not give up on their learning. NLs need to keep throwing seeds out there all the time, in the hope of nurturing compassionate care.

4.6.1.3 Animals and birds

The photographs of animal and birds allow NLs to reflect emotionally about their performance of compassionate care. All living things are deserving of compassionate care, an idea that is demonstrated by NLs taking pictures of animals and birds. As previously described, compassion being attentive to suffering of self and anything living with a desire to relieve it (Gilbert, 2009) P1 saw their cat as sensitive and capable of giving as well as receiving compassion. P3 visualised the swan as graceful in appearance skimming across the water while hiding the effort required to stay afloat:

Underneath the water obviously, there is a lot of energy going on, and really what this image kind of encompasses ... for myself, I have always felt that I have a professional responsibility to student nurses and to staff to be compassionate, but I don't feel it is a choice I make. For me, it is a natural state of being, I hope. (P3)

General values such as life experience shape the attitudes, beliefs and behaviours (McSherry *et al.*, 2017). Using photo-elicitation has uncovered more than just language; it evokes a different type of information (Pink, 2013) that is more in-depth than words alone (Harper, 2002).

4.6.1.4 Simulation

NLs reported how StNs performed compassionate care in a simulated learning environment. One photograph showed StNs performing mouth care on a mannequin.

I like the way this picture shows the student nurses sitting really close to the patient without being too close so that the patient knows that she is there. And the way that she is delivering the mouth care, she's looking at the patient, she's looking at what she's doing ... the way she is using her hands, she's supporting the chin and very gently supporting the toothbrush. (P8)

Photographs of manual handling and blood pressure are also used to represent compassionate behaviours. The photographs were taken by NLs capture the many social interactions and experiences. Nurse education is essentially the provision of compassionate care and nurses achieving the right knowledge and skills (Bramley and Matiti, 2014). The photographs, in this case, have enlarged the memory of participants, as past events are captured to provide an avenue for a deeper conversation (Harper, 2002). These photographs offer an insight into the simulated culture of NLs in nurturing the performance of compassionate care by StNs.

4.6.1.5 Objects

NLs also brought along word documents, images of objects, and internet images showing, for example, the ingredients of a cake, to denote the complexity and stages involved in delivering compassionate care. Another example was an internet image of lips, representing a cheerful patient who later deteriorated and died. NLs provided a lens through which to discuss compassionate care and express their understanding of the world. P7 uses a photograph of a cup of tea to introduce their role of a supportive lecturer:

This is a cup of tea ... I always have tea and coffee around, and I have always found it to be a good ice breaker ... Student nurses will ask to come and see me. Sometimes you can get a vibe from the tone of an email (P7)

The value of being a supportive NL cannot be underestimated in the provision of compassionate care. Images were used instead of photographs by two NLs. P9 used a computer image of a big red heart sitting behind a desk:

This is the heart behind the desk, so I think it represents me as a lecturer because you have got the desk which sort of signifies the taught bit if you like. There is me, and I am the heart sort of waving. (P9)

Another NL used an anonymised document: an email and feedback sheet to demonstrate how words can convey compassion. Published narratives,

books, poems and films can be used to develop compassionate responses (Terry *et al.*, 2017). NLs discussed the content of documents to uncover how compassionate care was nurtured and conveyed. Using descriptions can gain a meaningful discovery and reflection of compassion (Smith and Smith, 2020).

4.6.1.6 Setting

NLs individually shared photographs of their observations in the field and visual understanding of fostering compassionate care in various settings. Photographs were taken of the skills laboratory, the classroom, a hospital, their homes and outside demonstrate the many opportunities to show their compassion; thus, providing a context of the many places compassionate care can take place.

The local hospital where I undertake my practice role ... seeing students supporting them in their placement and supporting mentors (P4).

The setting is part of the workplace culture, reflecting the place where compassionate care can reside through the professional identities and narratives of NLs. It is clear from the literature that the work environment can inhibit and enable compassionate care (Winch, Henderson and Jones, 2015; Smith *et al.*, 2014; Nijboer and van der Cingel, 2019). Nurse teachers have to balance the reality of practice and university life (Curtis, 2014). It is about creating space at work, somewhere to go and to be respected (Adamson and

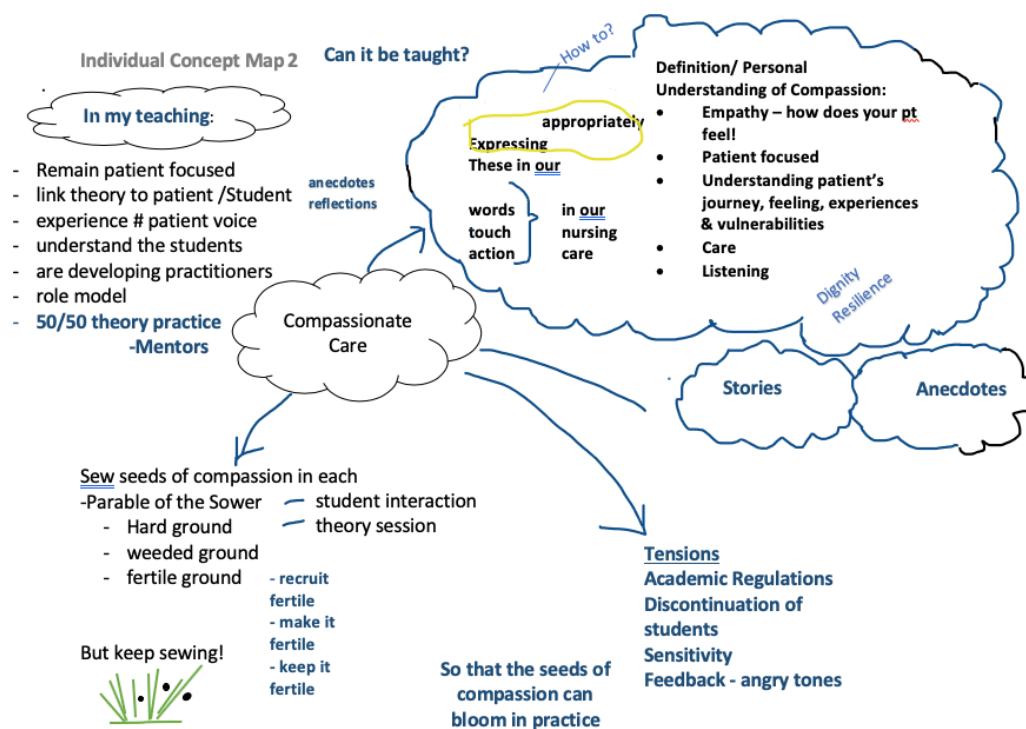
Dewar, 2015). The integration for word and photographs provides a complete picture of the culture of NLs in their role. The photographs highlight to those working in nursing practice, how important people, simulation, the environment and objects around us can impact on compassionate care delivery. Based on the engagement of NLs, ADPEI is a useful method to glean the experiences of others.

4.6.2 Individual concept maps and collaborative map

The following presents the findings of NLs individual and collaborative map depicting the performance of compassionate care in a visual context. Each NL engaged in the process, contributed, confirmed and/or developed their thinking, allowing a more in-depth understanding. These maps can be situated in nursing practice providing a visual perspective and representation of the knowledge and skills required to be compassionate, as they bring together all of its complexities. The maps help NLs re-think their engagement in the delivery of compassionate care and visualise their encounters with others in various spaces. The individual concept maps serve as a reminder to those in nursing practice that they too can develop their own ideas of what compassionate care means to them.

4.6.2.1 Individual concept maps

Each individual concept map presents a subjective construction of concepts and relationships, demonstrating the fluidity of compassionate care (Appendix 21). NLs use shapes, words, arrows and lines showing the links and concepts involved in compassionate care performance. NLs drawings show the differing experiences which feed in the themes already discussed.



Map 3: P2 Individual concept map

The literature supports the use of concept maps, and there are numerous diagrams and frameworks using arrows and lines to show relationships and connections to the concept of compassionate care (Nijboer and van der Cingel, 2019; Kneafsey *et al.*, 2015; Bramley and Matiti, 2014). The individual maps show the complexity of compassionate care's performance, as there is a multitude of concepts at play. The visual is used to show the tensions and

the emotional labour of compassionate care (Curtis, 2014) as well as the qualities of a compassionate nurse (Dunkin, Gurbutt and Carson, 2018).

4.6.2.2 The collaborative map

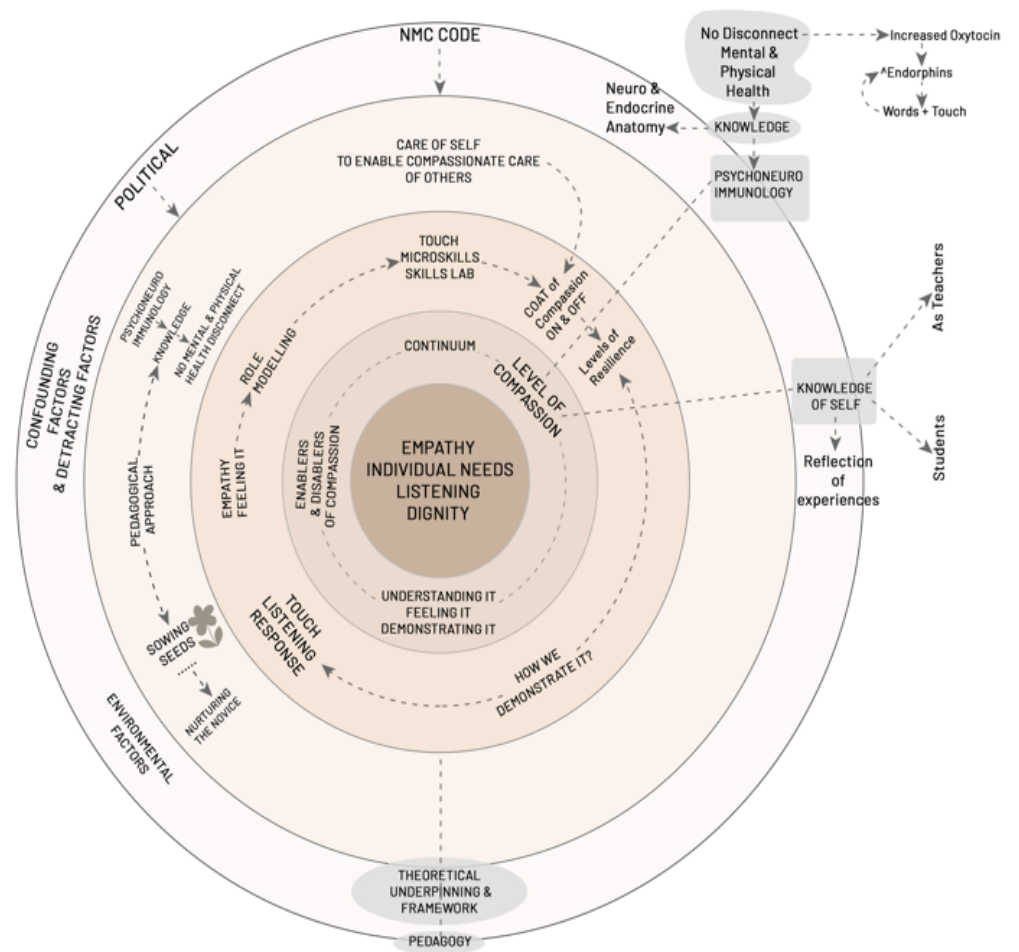
Group dynamics played a part in developing this collaborative map (Map 4) as NLs were familiar with each other and appeared to be relaxed about sharing viewpoints. The group use an onion ring with layers with directional arrows showing connections, depicting the complexity of compassionate care. The direction of travel is organised, demonstrating their logical thought processes and critical thinking (Novak, 2010; Yue et al., 2017). Map 4 affirms Map 2 by showing relationships, thus illuminating how this study's five themes connect to each other. The following draws on how NLs as individuals in ADPEI and as a group in the focus group, affirm the previously discussed themes in the collaborative Map 4. Working outwards from the centre each ring is discussed relation to each other and the themes.

The collaborative map is a fusion of different concepts, and shows the intricacies involved in nurturing compassionate care. NLs place the individual in the centre of the map. Compassionate care is then condensed and described as 'empathy, individual needs, listening and dignity'. It affirms the importance of meeting others' needs and acting appropriately and is linked to the theme of compassionate care. The 2nd ring shows the continuum, levels of compassion, and the importance of demonstrating, feeling and understanding compassionate care. This reflects aspects of the theme compassionate

curriculum as NLs seek to demonstrate, feel and show compassion to StNs. A compassionate culture is reflected in the enablers and dis-enablers of compassion.

The 3rd ring describes the skills and attributes required to be compassionate such as role modelling, the importance of touch and levels of resilience. This links to the theme of compassionate people. The 4th ring highlights the pedagogy approaches, the importance of nurturing and sowing the seeds of compassionate care to novice StNs, which links to the theme compassionate curriculum. The 5th ring shows the internal knowledge of self, reflection and external factors, such as the NMC code, politics, and theoretical underpinning and frameworks, impacting on compassionate care. This ring relates to a compassionate culture and compassionate lens as it demonstrates the relationships and spaces affecting compassionate care delivery.

Parallels can be drawn with the compassion strength model (Durkin Gurbutt and Carson, 2019) and Tierney, et al., (2017) compassionate flow model which show the relationships and connections involved in compassionate care. The collaborative map proposes a visual description and model of the performance of compassionate care by NLs in APNC; equally contributing and complementing the themes previously discussed. Map 4 is a useful model for those working in the practice setting such as StNs, NLs and managers and leaders, as it provides an ariel view of the many concepts involved in compassionate care delivery. As the viewer makes sense of the map, they reflect on their practice which leads to a new experience, understanding and interpretation of compassionate care with APNC.



Map 4: Focus group collaborative compassionate care map

4.7 Reflexive lens



Photograph 4.18: Exposing the punctum among the flying sparks, taken by Juliet Drummond

The maps are also good teaching tools. In photograph 4.18 the punctum is the centre spark standing

in between the two larger ones. Compassionate care is the central theme/spark, which stands alone and is surrounded by the other sparks/subthemes/themes that illuminate it. Eliciting the findings was a subjective and engaging process for all involved. The iterative process of transcribing, analysing data, and creating codes, sub-themes and themes, provided a rich palette of colourful concepts. Initially, I found myself asking what this all means? However, the answer was found to be allowing the data to speak for itself. Having an active relationship with the data involved revisiting the multiple data sets from ADPEI, focus group and concept maps. My construction of the compassionate maps (Map 1 and Map 2) was a cathartic process showing the equality of words and the visual. These two maps reflect a continuous conscious and unconscious reflexive process with the data.

4.8 Summary of findings and discussion

This chapter has presented five key themes on NLs performance of compassionate care within APNC: compassionate care, compassionate people, compassionate curriculum, compassionate culture and compassionate lens. I have illustrated that the enactment of compassionate care is a complex one, requiring the combination of all five themes. NLs contributed to providing a thick description of photographs, concept maps and dialogue, which has created new knowledge and perspective to guide pre-registration nursing education. A visual ethnographic methodology provided the means of empowering NLs (Balmer, Griffiths and Dunn, 2015), to explore individual and relational experiences. NLs shared some novel and evocative descriptions of compassionate care, which required a compassionate lens, to elicit the visual performance and context of their constructed world. These findings further build on and extend on the past and current literature regarding compassionate care within a given context. Moving on, Chapter 5 will present a summary of the thesis.

Chapter 5: Conclusion

The previous chapter set out the findings and discussion, thereby addressing the core research aim, objectives and questions. To this end, this chapter provides a summary of the study. It retraces the study research questions, and critically discusses the contribution to knowledge and makes recommendations to inform nursing practice, nursing education, policy development and research. Dissemination activities are then presented, and so are the limitations of the study. Furthermore, a publication plan (Appendix 22) has been completed and finally, a reflexive lens is provided, pulling together the research journey. The study fulfils the eight big tent criteria for excellent and quality research (Tracy, 2010; Guba and Lincoln, 1989), which are discussed in this chapter.

5.1 Retracing the research questions

The study aim has been achieved by understanding NLs experiences and perceptions of what it is to be compassionate with APNC. It was essential, therefore, to answer the research questions which are threaded into chapter four. A visual ethnographic approach, using ADPEI and focus group, allowed NLs to construct individually and together with a more meaningful discussion of compassionate care delivery, which addresses the research questions as follows:

Research question 1: What does compassionate care mean to NLs?

This research question is addressed in the many compassionate care descriptions elicited in ADPEI and focus group. NLs shared numerous descriptions and attributes of compassionate care, which was synthesised to encompass the human condition, inclusive of all living things, that involves human acts of compassion. Compassionate care is centre stage in the concept maps, collaborative map, map 1 and map 2, and it is expressed authentically in the way NLs see and describe it. The map of compassionate care (Map 1) and the atlas of compassionate care within APNC, which presents the five themes (Map 2); provides a framework for understanding what compassionate care means. More importantly, both maps are designed to help the viewer see compassionate care more clearly, by providing a journey of complexity, and ultimately giving context to NL's performance. It is imperative to have a baseline understanding of the concept of compassionate care to perform it. Caregivers are called to act when confronted with suffering (Wiklund Gustin and Wagner, 2013). This of course, means different things to different people, which in turn means compassionate care delivery depends on the context. NLs have a compassionate lens on how they view and act on situations that arise within APNC and their world around them.

Research question 2: What are the experiences of NLs learning and teaching compassionate care within the APNC?

This question is captured in the themes, compassionate curriculum, compassionate people and compassionate lens, where NLs as a group and

individually shared thick descriptions of their experiences. NLs discussed their curriculum development experiences, teaching and learning methods, assessment, feedback, support and practice. NLs play an integral role in developing a compassionate curriculum (McSherry et al., 2017), as teaching starts with the course content (Lawton, 2019). NLs felt compassionate care is threaded through the APNC, giving rise to opportunities to be compassionate.

The practice of teaching and learning exposed NLs descriptions of being compassionate to StNs. NLs describe themselves as compassionate people in the many roles they are presented with. They discussed encountering and working with compassionate people, who embody the many attributes of compassion. Compassionate people are influential individuals who are role models and are effective communicators, resilient, self-compassionate and reflective. The photographs of simulations and individual concept maps, and collaborative map provide a compassionate lens, giving insight into how NLs nurture compassionate care in their teaching and learning.

Research question 3: How is the concept of compassionate care performed by NLs within the APNC at a local university?

NLs, as a group, perform compassionate care in various contexts and are united in treating StNs compassionately. A compassionate culture is enhanced by having a shared human relationship within the organisation, achieved by nurturing and sustaining compassionate care in the spaces both internally and externally. NLs offer a view of their world in the use of visual images and

dialogue to articulate the performance of compassionate care, which are described in the theme, compassionate lens, as follows:

- Photographs
- Individual concept maps (Map 3, Appendix 21)
- The collaborative concept map (Map 4)

The photographs are a record and an expansion how NLs perceive and understand compassionate care. The maps show the journey and processes involved in nurturing compassionate care, strengthening the verbal accounts made by NLs. A visual ethnographic approach garnered a detailed description and in-depth look at NLs relational experiences, thoughts and patterns of behaviour. The treatment and interpretation of the data were enhanced by working closely and engaging with NLs throughout the research process. It is clear that visual data developed a good rapport (Harper, 2002) and addressed power imbalances to create a more reflexive and collaborative approach. A deeper understanding of NLs' performance was gleaned by interpreting different data sets, revealing the subjectivity and complexity of compassionate care.

5.2 Contributions to knowledge

This primary study exclusively looks at NLs experiences exposing their behaviours, attitudes and beliefs both individually and as a group. Therefore, making theoretical and methodological contributions to knowledge as follows:

5.2.1 Theoretical Contribution

The study contributes five themes which have exposed new knowledge and understanding of compassionate care delivery and practice of NLs. In addition, the themes act not only as a framework but as a platform to help those involved in compassionate practice and pre-registration nursing education. The focus group collaborative map (Map 4) is a visual model of the different concepts involved in compassionate care within the APNC. The study shows how compassionate care is threaded throughout the APNC; however, NLs felt this could be more overt. StNs and NLs should have a baseline understanding of compassionate care, and it should be harnessed before recruitment and developed throughout the course.

The study contributes by outlining the many opportunities NLs have to be compassionate, providing an individual and relational perspective. NLs have similar experiences, language and behaviours when enacting compassionate care, demonstrated through roles and responsibilities. NLs show compassionate attributes seen in the theme of compassionate people. The study contributes how a compassionate curriculum can improve compassionate practice; by ensuring the curriculum content, the teaching and learning methods, assessment, support and practice; explicitly has compassionate care threaded through it. The study also highlights what a compassionate culture should embody, in terms of having a nursing profession which holds compassionate care in high regard. NLs recognise leadership, management, systems and processes that need to be co-ordinated, thus creating spaces to support them in their role in delivering compassionate care.

5.2.2 Methodological contributions

Using a visual ethnographic methodology is a novel approach to exploring NLs experiences of compassionate care and has proved to be beneficial by exposing knowledge and concepts that might have otherwise remained hidden. Thus, enhancing a more in-depth understanding of NLs experiences and performance of compassionate care in the APNC. Multiple perspectives have been gleamed, which align with using an interpretivist approach.

The method contributions are the creation of unique data sets. Using APEI and a focus group delineated an exclusive record of the visual and dialogue of NLs. The synthesis of the data sets: photographs, individual concept maps and collaborative map create and contribute a unique understanding of compassionate care with the APNC. Photographs evoked NLs to share their experiences, exposing a different kind of knowledge. The photographs are an expression of NLs visual world, as they support their descriptions as well as communicate meaning. The individual concept maps and collaborative map helped NLs have a shared understanding of their practice. The maps demonstrate how NLs cohesively use a common language, behaviour and belief, in being compassionate to StNs and others. The maps are pictorial perspectives which encourage NLs to re-think their practice, make new connections and get engaged with what has been presented.

Map 1 and Map 2 contributes by showing an ariel view of compassionate care, allowing NLs to compare and contrast different experiences and concepts. Map 1 offers a unique visual understanding of compassionate care that can be applied to nursing practice, highlighting the complexity of the subject to

those working in the field. Map 2 provides a framework for the performance of compassionate care by NLs, as it identifies five themes which can enhance compassionate care delivery. The maps show the boundaries, relationships and connections that could be applied to different fields of nursing or setting. The maps expressive a language which strengthens NLs visual and spatial perspective. The maps are interactive as they allow NLs and onlookers to explore and build on their knowledge. NLs as a group are highly skilled individuals who enable and nurture compassionate care through their various roles and teaching and learning methods. They embody the many opportunities to be compassionate to students, colleagues, service users, and stakeholders involved in their role.

5.3 Moving forward: recommendations and implications:

Suffering will continue to exist long after this study, and so the everyday practices of NLs should enhance and develop a more compassionate response to StNs, the team and the university. I believe compassionate care is intrinsic within the APNC, which is demonstrated by detailed descriptions and a conceptual understanding of NLs. However, more needs to be done to unpack and refine the findings. In the course of this study, the following recommendations act as a prompt and a way forward to those responsible for nursing education, healthcare services and those working in research.

5.3.1 Recommendation 1: Practice implications

The subsequent recommendations are framed around the practice implications, in the hope of attracting and impacting on different audiences such as StNs, NLs, RNs, HCPs, healthcare providers and policymakers:

I propose that the five main themes act as a framework to guide pre-registration nursing education and nursing practice. It is hoped that this will help in the understanding of compassionate care delivery with all its complexity.

NLs offer multiple descriptions that act as a baseline understanding of compassionate care, which can be applied to current and future practice development. Those involved in the care of the vulnerable and sick should recognise the human condition of suffering and seek to alleviate it through competent human action.

NLs, both individually and as a group, have shown themselves to be compassionate people. They have illustrated their use of expertise in nurturing compassionate care with APNC. I suggest that to enhance compassionate practice, those involved in care should seek to embody the attributes of being a supportive team member, act as a role model to others, be clear about their role and responsibilities, be an effective communicator, be self-compassionate and reflective, and finally build on their resilience.

A compassionate curriculum should be adapted to equip the future nursing workforce with the knowledge and skills, both in theory and practice, to embody compassionate care. This can enhance nursing practice as StNs,

and NLs give considerations to the many opportunities and spaces in which compassionate care can exist within their role.

There is further scope for nurturing and sustaining a compassionate culture in practice. The study maintains that nursing continues to be a rewarding and valued profession that reaches out and touches people. In practice, this can be enhanced by having compassionate leadership and management, which can create spaces where time is given to enable NLs to be compassionate to those in need.

The study provides a nuanced understanding of a compassionate lens. The combination of the visual and dialogue provide a more holistic perspective of compassionate care by NLs. Map 1 and 2, photographs, individual concept maps and the collaborative map can enhance compassionate nursing practice as different concepts, links and relationships are established for those looking on. The visual perspective allows the onlooker to reflect on their practice and engage in new ways of seeing compassionate delivery.

5.3.2 Recommendation 2: Pre-registration nursing education and curriculum design

The study finding suggest the need for a compassionate curriculum, which should not be underestimated. Compassionate care should be explicit throughout the curriculum design, teaching, assessment, feedback and practice so that StNs can develop the knowledge and skills required. Compassionate care should be embedded in the APNC so that NLs and StNs

can understand their role and responsibilities in compassionate nursing practice.

Those involved in teaching and learning StNs within APNC should continue to use and develop a variety of pedagogy approaches to cultivate compassionate care to StNs and each other. StNs should be taught about the science of compassion, to enhance their understanding of what is to be compassionate in mind and body.

Photographs, photo-elicitation and concept maps have proven to be a useful research method and teaching tool that can improve the insight of StNs, NLs and self in understanding concepts like compassionate care. This approach stimulates conversation and is reflexive in providing a more in-depth understanding of those involved. I recommend this visual approach as a way of teaching and learning, as it offers a new way of seeing compassionate care, thus enhancing in-depth dialogue and multiple perspectives.

5.3.3 Recommendation 3: Policy/decision makers for pre-registration nursing education and healthcare services

Nursing, globally, has been applauded for the compassion shown to patients and carers' families suffering from the devastating effects of the recent Covid-19 pandemic. In the face of adversity, nurses have shown compassion in a climate of diminished resources and ever-changing healthcare needs, educational standards, and government guidance.

A key finding was the provision of a compassionate culture. Universities and healthcare organisations should take heart that a compassionate culture can improve staff and patient outcomes in the long term. Leaders and managers should be compassionate toward their staff. This would nurture a more compassionate culture for staff to perform and for students to learn and develop in their journey of compassion. I recommend universities should deepen and broaden their understanding of employing and funding compassionate leadership training.

Systems and processes can inhibit compassionate care. NL should address this within APNC by working with leaders and managers, in order to enhance the quality of learning and development of StNs and staff. Compassionate care is enabled and flourish throughout nursing education and the health economy, when systems and processes are working in harmony with the people it serves.

I recommend health regulators, and governing bodies look to develop and provide detailed guidance in what it is to be compassionate and how to measure and monitor a compassionate culture. Compassionate care is core to all people who suffer, and so it follows that a local, national, global drive is needed to inspire and achieve it at all levels.

5.3.4 Recommendation 4: Future research

Ideas for future research emerged in the completion of this study. Using a visual ethnographic approach helped articulate the complexity of compassionate care and build on what is already known.

Furthermore, this study could be repeated with the potential to discover similar findings (Guba and Lincoln, 1989). As this study focused on NLs, this could be replicated with different professionals in different nursing fields such as mental health, child, learning disability and midwifery in different universities and healthcare settings.

Future research efforts should make use of a visual ethnographic approach that could prove beneficial in seeing parallels. This approach offers a new way of engaging with participants and gaining a better understanding and insight into different knowledge and voices. Additional research would also be beneficial in exploring the effectiveness of different teaching and learning approaches in developing compassionate practice.

5.4 Three top tips for nursing practice : The ABC of compassionate care

NLs have shown there are several ways to enact compassionate care within the APNC, here are 3 top tips for NLs to improve their delivery of compassionate care:

1. **ATTITUDE:** Get engaged in sowing the seeds of compassionate care by rethinking and reflecting on your attitude both individually and as a team member. Understand what it means to be a compassionate person and seek to explore different spaces and opportunities to understand and develop a compassionate person-centred approach to self, StNs and others.
2. **BEHAVIOUR:** Actively engage in compassionate behaviours to self and others to ensure that compassionate care is explicitly delivered in pre-registration nursing education and nursing practice. This will involve developing the knowledge and skills in looking out for, acknowledging others' needs, listening, being emotionally aware, and competently alleviate or reduce the suffering of others in your daily practice.
3. **CULTIVATE:** Get engaged in creating a compassionate culture and compassionate lens by developing new ways of seeing, monitoring and sustaining compassionate care. This involves being actively clear about the professional boundaries which exist and seeking to create spaces to cultivate compassionate care.

Compassionate care is about alleviating the human condition of suffering through human action. It is hoped that these three simple tips will help create a strong relationship with NLs, StNs and the wider team to promote compassionate care delivery. As NLs encounter many StNs, it is essential to demonstrate and role model compassionate attributes. This involves NLs going beyond just words but rethinking their attitude, behaviour and seeing more clearly how to cultivate a world through a compassionate gaze of self and others.

5.5 Dissemination activities

The study has a valuable contribution to make in transforming nursing practice and education, as it resonates with different audiences and healthcare organisations. The impact is represented by sharing and engaging with a variety of healthcare professionals, service users, decision-makers and the research community. Exposure to these audiences enabled an open dialogue to knowledge transfer and networking. While this study is based in England, its relevance is global within the nursing context, as conferences were local, regional and international in their reach to their target audiences.

Table 3 shows the dissemination activities which attempt to maximise impact. Conferences presented the opportunity to share ideas with interested parties in compassionate care and my research approach. The poster presentation was borne from a desktop review. It was available over the day for attendees to examine, thus reducing the gap between research and practice. As I

accompanied the poster, there was an opportunity for questions and answers which raised the profile of compassionate care and the research agenda. Using face to face presentations and online platforms for dissemination proved to be equally positive and far-reaching; especially in the recent pandemic as audiences have to use virtual access.

Table 3: Dissemination activities		Impact
Conference presentation on the research methodology. (19th April 2018)	Patient Safety, Five years on towards safer care School of Health and Social Care Conference, Staffordshire University.	Knowledge transfer and discussion on a visual methodological approach
Poster presentation compassionate care in nurse education. (a desktop review) (Appendix 23). (18th October 2018)	The Compassionate Mind Foundation's 6th International Conference: Compassionate Care in Education, Integrating Therapies	An international audience which promoted knowledge transfer on compassionate care within nursing education.
Annual Research Conferences (ARC) presentations	Presented study methodology for the academic year 2018/19 and study findings for the academic year 2019/20.	Exposure to research students, research community and staff. An opportunity to network and showcase using a visual ethnographic approach and findings.
Summary report to participants.	A study summary report was shared with participants and StNs for the academic year 2019/20.	This reduced the research and practice gap for StNs and NLs as well as confirms their valuable contributions to knowledge.
Dean and Associate Dean and Director of the Institute of Health	Summary and Recommendations Report of Thesis	To increase impact, knowledge transfer, and dissemination to the nursing team, the university's wider community.

5.6 Strengths and limitations of the study

Using an interpretative approach gives rise to subjectiveness, a thick description of NLs perspectives, and individual experiences that can change; therefore, generalisations cannot be made. Although this is a small study carried out in a single HEI, it does correspond, contribute and build on the body of knowledge that exists around compassionate care in nursing education. As suggested by the literature and ethically, the use of photographs can prove a challenge concerning anonymity. Due to copyright laws, I could not use all photographs as two NLs used clip art and images from the internet that did not achieve the required consent. Some of the photographs used the study have been obscured to maintain confidentiality. There were also missed opportunities, such as NLs, not taking photographs due to timing issues at work. These limitations can be addressed in future by researchers being clear about UK copyright laws and giving well-defined guidelines to participants. NLs' participation did demonstrate their compassionate generosity in contributing to the body of knowledge of compassionate care. This study explored the adult nursing perspective, and so other fields of nursing have not been included, which could have offered another viewpoint. That said, the study does offer salient in-depth perspectives of how NLs perform compassionate care. The combined methods of ADPEI and focus group led to creating new knowledge, thus building on what is already known.

5.7 Reflexive lens



Photograph 5: The alpha and omega, taken by Juliet Drummond

I hope to have illustrated the benefits of using a visual ethnographic approach to understand NLS' compassionate performance within the APNC. Photograph 5 illustrates the beginning and the end of the research process. The study has shown reflexivity and transparency (Tracy, 2010) in the research process by keeping a reflexive photograph journal. The shutter speed captures different perspectives of the blossoming lily. It shows the beauty of all living things and the changes we undergo through life. I am confident, grateful and excited to be contributing to the body of knowledge on compassionate care. This chapter has been a reflexive process of gathering all the information pertinent to the study in readiness for dissemination and engagement to different target audiences.

The research process was an epiphany of what it means to be self-compassionate. A detailed look back on the research journey, using my photographic journal refreshed my thinking. This involved a review of the study's aims and objectives along with a detailed examination of each chapter which helped identify what was pertinent for my conclusion of this dissertation. A publication plan offers next steps for dissemination and learning (Appendix

22) facilitating me to go beyond the final view. This study is a steppingstone to enhancing compassionate care within APNC. To summarise, no single approach is likely to achieve a panacea to compassionate care delivery; instead, different approaches and unravelling the context can revive how compassionate care is seen and achieved. For me, the research process has been a means of creativity and providing new ways of seeing compassionate care.

5.8 Concluding remarks

This study has shown that NLs are fundamental to nurturing and producing a compassionate future nursing workforce. My study indicates that NLs perform compassionate care within their role both individually, as a group and with others, through their attitudes, language and behaviours. Compassionate care is the responsibility of those involved in the care of the vulnerable and should be explicitly placed at the heart of nursing education. As previously discussed, this study identifies five themes that act as a framework of compassionate care performance.

Furthermore, the diversity of visual dialogue has gone beyond what I expected and is a turning point in widening the aspirations of performing compassionate care. A visual ethnographic approach has helped heighten the creativity and participation of NLs and myself as the researcher. Compassionate care is enacted in multiples spaces, not just in words used in our conversations, but in the visual world, we live. As a group, NLs play a vital role in performing

compassionate care which is commendable and should be modelled by others to enhance patient care. Moreover, this study offers the opportunity for those responsible for pre-registration nursing education and healthcare services to reflect, create, evaluate and research how compassionate care can be embodied by those caring for vulnerable people.

Reference list

Adam, D. and Taylor, R. (2014) Compassionate care: empowering students through nurse education. *Nurse Education Today*, **34**(9), pp. 1242-1245.

Adams, J., Hillier-Brown, F.C., Moore, H.J., Lake, A.A., Araujo-Soares, V., White, M. and Summerbell, C. (2016) Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. *Systematic Reviews*, **5**(164), pp. 1-11.

Adamson, L. and Dewar B. (2011) Compassion in the nursing curriculum: making it more explicit. *Journal of Holistic Healthcare*, **8**(3), pp. 42–45.

Adamson, E. and Dewar, B. (2015) Compassionate Care: Students learning through reflection and the use of story. *Nurse Education in Practice*, **15**(3), pp. 155-161.

Adamson, E. and Smith, S. (2014) Can compassionate care be taught? Experiences from the Leadership in Compassionate Care Programme. in Shea, S., Wynyard, R. and Lionis, C. (eds.) *Providing Compassionate Healthcare: Challenges in Policy and Practice*. Oxfordshire: Routledge, pp. 235 – 251.

All European Academies (ALLEA) (2017) *The European Code of Conduct for Research Integrity Revised Edition* [online]. [Accessed 24 March 2020].

Available at: <<https://www.allea.org/wp-content/uploads/2017/05/ALLEA-European-Code-of-Conduct-for-Research-Integrity-2017.pdf>>

Anionwu, E.N. (2012) Mary Seacole: nursing care in many lands. *British Journal of Healthcare Assistants*, **6**(5), pp. 244- 248.

Aveyard, H. (2014) *Doing A Literature Review in Health and Social Care: A Practical Guide*. 3rd ed. Berkshire: Open University Press

Bailey, J. (2008) First steps in qualitative data analysis: transcribing. *Family Practice*, **25**, pp.127-131.

Ballatt, J. and Campling, P. (2011) *Intelligent Kindness: Reforming the Culture of Healthcare*. London: Royal College Psychiatrists.

Balmer, C., Griffiths, F. and Dunn, J. (2015) A review of the issues and challenges involved in using participant-produced photographs in nursing research. *Journal of Advanced Nursing*, **71**(7), pp.1726-1737.

Banks, M. and Zeitlyn, D. (2015) *Visual Methods in Social Research*. 2nd ed. London: Sage Publications Ltd.

Banks, M. and Morphy, H. (1999). (eds) *Rethinking Visual Anthropology*. New Haven and London: Yale University Press

Barthes, R. (2000) *Camera Lucida: Reflections on Photography*. London: Vintage.

Barrett, D. (2007) The clinical role of nurse lecturers: Past, present, and future. *Nurse education today*, 27(5), pp. 367-374 .

Baughan, J. and Smith, A. (2013) *Compassion, Caring and Communication: Skills for nursing practice*. 2nd ed. London: Routledge.

Beauchamp, T.L. and Childress, J.F. (2019) *Principles of Biomedical Ethics*. 8th ed. New York: Oxford University Press.

Beer, G. (ed.) (2013) Too Posh to Wash? Reflections on the Future of Nursing. *2020 Health Org.* [online]. [Accessed 12 November 2019].

Available at:

<<http://www.2020health.org/2020health/Publications/Publications-2013/Too-posh-to-wash.html>>.

Berger, P.L. and Luckmann, T. (1991) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Harmondsworth: Penguin.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, **15**(2), pp. 219-234.

Birt, L., Scott, S., Cavers, D., Campbell, C., and Walter, F. (2016) Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*, **26**(13), pp.1802–1811.

Blomberg, K., Griffiths, P., Wengstrom, Y., May, C. and Bridges, J. (2016) Corrigendum to 'Interventions for compassionate nursing care: A systematic review'. *International Journal of Nursing Studies*, **62**, pp.137-155.

Bond, C., Stacey, G., Field-Richards, S., Callaghan, P., Keeley, P., Lymn, J., Redsell, S. and Spiby, H. (2018) The concept of compassion within UK media-generated discourse: A corpus-informed analysis. *Journal of Clinical Nursing*, **27**(15-16), pp. 3081-3090.

Boucher, M. (2018) *Participant Empowerment through photo-elicitation in ethnographic education research: new perspectives and approaches* Switzerland: Springer International Publishing,

Bowling, A. (2009) *Research Methods in health investigating health and health services*. 3rd ed. Berkshire: Open University press.

Bramley, L. and Matiti, M. (2014) How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *Journal of Clinical Nursing*, **23**(19-20), pp. 2790-2799.

Braun, V and Clarke, V. (2013) *Successful Qualitative Research: a practical guide for beginners*. London: Sage Publications Ltd

Braun, V. and Clarke, V. (2014) What can “thematic analysis” offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-being*, **9**(1), pp. 1-2.

Bray, L., O'Brien, M.R., Kirton, J., Zubairu, K. and Christiansen, A. (2014) The role of professional education in developing compassionate practitioners: A mixed methods study exploring the perceptions of health professionals and pre-registration students. *Nurse Education Today*, **34**(3), pp. 480-486.

Breen, L. (2007) The Researcher ‘in the middle’: Negotiating the insider/outsider dichotomy. *The Australian Community Psychologist*, **19**(1), pp. 163- 174.

Brown, A. (2020) Will Covid-19 affect the delivery of compassionate nursing care? [online], 116(10), pp. 32 – 35. [Accessed 4 February 2021] Available at:

<https://www.nursingtimes.net/clinical-archive/communication/measuring-body-temperature-using-a-tympanic-thermometer-14-09-2020/>

Bryman, A. (2012) *Social Research Methods*. 4th ed. Oxford: Oxford University Press.

Byrne, E., Brugha, R., Clarke, E., Lavelle, A. and McGarvey, A. (2015) Peer interviewing in medical education research: experiences and perceptions of student interviewers and interviewees. *BMC Research Notes* [online], **8**(1), pp. 513-513 .

Butler-Kisber, L. and Poldma, T. (2010) The Power of Visual Approaches in Qualitative Inquiry: The Use of Collage Making and Concept Mapping in Experiential Research. *Journal of Research Practice*, **6**(2), pp. M18.

Cambridge Dictionary (2021) Crescendo [online][accessed 4 Jan 2021]
Available at: <https://dictionary.cambridge.org/dictionary/english/crescendo>

Care Quality Commission (CQC)(2015) *Registration under the Health and Social Care Act 2008 The scope of registration* [online]. [Accessed 10 September 2020]. Available at:
https://www.cqc.org.uk/sites/default/files/20151230_100001_Scope_of_registration_guidance_updated_March_2015_01.pdf

Carlsson, B. (2010) Depicting Experiences. *Scandinavian Journal of Educational Research*, **45**(2), pp.125-143.

Chambers, C. and Ryder, E. (2009) *Compassion and Caring in Nursing*. Oxford: Radcliffe Publishing Ltd.

Christiansen, A., O'Brien, M.R., Kirton, J.A., Zubairu, K. and Bray, L. (2015) Delivering compassionate care: the enablers and barriers. *British Journal of Nursing*, **24**(16), pp. 833-837.

Christiansen, B. and Jensen, K. (2008) Emotional learning within the framework of nursing education. *Nurse Education in Practice*, **8**(5), pp. 328-334.

Cibangu, S.K. (2010) Paradigms, methodologies, and methods. *Library and Information Science Research*, **32**(3), pp. 177-178.

Clark-Ibáñez, M. (2004) Framing the Social World With Photo-Elicitation Interviews. *The American behavioral scientist*, **47**(12), pp. 1507-1527 .

Coffey, A., Saab, M.M., Landers, M., Cornally, N., Hegarty, J., Drennan, J., Lunn, C. and Savage, E. (2019) The impact of compassionate care education on nurses: A mixed-method systematic review. *Journal of Advanced Nursing*, **75**(11), pp. 2340-2351.

Collier, J. and Collier, M. (1986) *Visual Anthropology: Photography as a Research Method*. Albuquerque: University of New Mexico Press.

Conceição, S.C.O., Samuel, A. and Yelich Biniecki, S.M. (2017) Using concept mapping as a tool for conducting research: An analysis of three approaches. *Cogent Social Sciences* [online]. **3**(1). [Accessed 23 June

2020]. Available at:

<<https://www.tandfonline.com/doi/pdf/10.1080/23311886.2017.1404753?needAccess=true>>

Corbin Dwyer, S. and Buckle, J.L. (2018) Reflection/Commentary on a Past Article: The Space Between: On Being an Insider-Outsider in Qualitative Research *International journal of qualitative methods*, **17**(1) pp. 54-63.

Crawford, P., Brown, B., Kvangarsnes, M. and Gilbert, P. (2014) The design of compassionate care. *Journal of Clinical Nursing*, **23**(23-24), pp. 3589-3599.

Creswell, J. (2013) *Qualitative inquiry and research design: choosing among five approaches*. 3rd ed. London: Sage Publications Ltd.

Critical Appraisal Skills Programme (CASP) (2013) *Appraising the evidence* [online]. [Accessed 25 July 2017]. Available at: <<http://www.casp-uk.net/#!/appraising-the-evidence/c23r5>>

Crotty (2015) *The Foundations of Social Research: Meaning and Perspectives in the Research Process*. London: Sage Publications Ltd.

Curtis, K. (2013) 21st Century challenges faced by nursing faculty in educating for compassionate practice: Embodied interpretation of phenomenological data. *Nurse Education Today*, **33**(7), pp. 746-750.

Curtis, K. (2014) Learning the requirements for compassionate practice: Student vulnerability and courage. *Nursing Ethics*, **21**(2), pp. 210-223.

Curtis, K., Gallagher, A., Ramage, C., Montgomery, J., Martin, C., Leng, J., Theodosius, C., Glynn, A., Anderson, J. and Wrigley, M. (2017) Using Appreciative Inquiry to develop, implement and evaluate a multi-organisation 'Cultivating Compassion' programme for health professionals and support staff. *Journal of research in nursing*, **22**(1-2), pp.150-165.

Curtis, K., Horton, K. and Smith, P. (2012) Student nurse socialisation in compassionate practice: A Grounded Theory study. *Nurse Education Today*, **32**(7), pp. 790-795.

Darawsheh, W. and Stanley, M. (2014) Reflexivity in research: Promoting rigour, reliability and validity in qualitative research. *International Journal of Therapy and Rehabilitation*, **21**(12), pp. 560-568.

De George-Walker, L. and Tyler, M.A. (2014) Collaborative Concept Mapping: connecting with Research and Team Capacities. *Education Research International*, **2014**, pp. 1-10.

Denicolo, P., Long, T., and Bradley-Cole, K. (2016) *Constructivist Approaches and Research Methods: a practical guide to exploring personal meanings*. London SAGE Publications Ltd.

Denscombe, M. (2017) *The Good Research Guide for small-scale social research projects*. 6th ed. London: Open University Press.

Department for Business Innovation and Skills (2016) *Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice* [online]. [Accessed 26 June 2017]. Available at:
<https://www.timeshighereducation.com/sites/default/files/breaking_news_files/higher-education-white-paper-success-as-a-knowledge-economy.pdf>

Department of Health (DH) (2008) *High Quality Care for All NHS Next Stage Review Final Report* [online]. [Accessed 26 June 2017]. Available at:
<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf>

Department of Health (DH) (2012) *Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy* [online]. [Accessed 24 June 2017]. Available at: <<https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>>

Department of Health (DH) (2013a) *The Education Outcomes Framework* [online]. [Accessed on 26 June 2017]. Available at:
<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175546/Education_outcomes_framework.pdf>

Department of Health (DH) (2013b) *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values* [online]. [Accessed 24 June 2017]. Available at: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/203332/29257_2900971_Delivering_Accessible.pdf>

Department of Health (DH) (2015) *Culture change in the NHS: Applying the lessons of the Francis Inquiries*. Cm. 9009. London: Department of Health.

Department of Health (DH) (2015a) *The NHS Constitution: the NHS belongs to us all* [online]. [Accessed 25 May 2019]. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf>

Department of Health (DH) (2015b) *Policy Paper 2010-2015 government policy: compassionate care in the NHS* [online]. [Accessed 24 June 2017]. Available at: <<https://www.gov.uk/government/publications/2010-to-2015-government-policy-compassionate-care-in-the-nhs/2010-to-2015-government-policy-compassionate-care-in-the-nhs>>

Department of Health and Social Care (DHSC) (2019) *The Government's revised mandate to NHS England for 2018-19* [online]. [Accessed 29 November 2019]. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811111/2018-19_Mandate_to_NHS_England.pdf>

s/attachment_data/file/803111/revised-mandate-to-nhs-england-2018-to-2019.pdf>

Dewar, B (2012) Using creative methods in practice development to understand and develop compassionate care. *International Practice Development Journal*, **2**(1), pp. 1-11.

Dewar, B. and Mackay, R. (2010) Appreciating and developing compassionate care in an acute setting caring for older people. *International Journal of Older People Nursing*, **5**(4), pp. 299–308.

Dewar, B. and Nolan, M. (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*, **50**(9), pp. 1247-1258.

Durkin, J., Usher, K. and Jackson, D. (2018) Embodying compassion: A systematic review of the views of nurses and patients. *Journal of Clinical Nursing*, **28**(9-10), pp. 1380-1392.

Durkin, M., Gurbutt, R. and Carson, J. (2018) Qualities, teaching, and measurement of compassion in nursing: A systematic review. *Nurse Education Today*, **63**, pp. 50-58.

Durkin, M., Gurbutt, R. and Carson, J. (2019) Stakeholder perspectives of compassion in nursing: The development of the compassion strengths model. *Journal of Advanced Nursing*, **75**(11), pp. 2910-2922.

Edinburgh Napier University and NHS Lothian, (2012) Leadership in Compassionate Care Programme Final Report 2012: Enhancing patient care by promoting compassionate practice 2nd International Conference on Compassionate Care. [online]. [Accessed 23 August 2019]. Available at: <https://www.napier.ac.uk/~media/worktribe/output-189968/compassionatecareexecutivereportpdf.pdf>

Emmison, M., Smith, P. and Mayall, M. (2012) *Researching the Visual (Introducing Qualitative Methods series. 2nd ed. London: Sage Publications*

Eppler, M.J. (2006) A comparison between concept maps, mind maps, conceptual diagrams, and visual metaphors as complementary tools for knowledge construction and sharing. *Information Visualization*, **5**(3), pp. 202-210.

Epstein, I., Stevens, B., McKeever, P. and Baruchel, S. (2006) Photo Elicitation Interview (PEI): Using photos to elicit Children's Perspectives. *International Journal of Qualitative Methods*, **5**(3), pp. 1-11.

Etherington, K. (2004) *Becoming a reflexive researcher using ourselves in research*. London: Jessica Kingsley Publishers.

Fetterman, D. (2010) *Ethnography: step by step*. 3rd ed. London: Sage Publications Ltd.

Finlay, L. (2002) Negotiating the swamp: The Opportunity and Challenge of Reflexivity in Research Practice. *Qualitative Research*, **2**(2), pp. 209-230.

Flick, U. (2018) *Introduction to Qualitative Research*. 6th ed. London: Sage Publications Ltd.

Ford, K., Bray, L., Water, T., Dickinson, A., Arnott, J. and Carter, B. (2017) Auto-driven Photo Elicitation Interviews in Research with Children: Ethical and Practical Considerations. *Comprehensive Child and Adolescent Nursing*, **40**(2), pp. 111-125.

Francis, R. (2010) *Independent Enquiry into care provided by Midstaffordshire NHS Foundation Trust, January 2005 - March 2009, Vol.1* [online]. HC 375-I. [Accessed 24 June 2017]. Available at: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279109/0375_i.pdf>

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Executive Summary* [online]. HC 947. [Accessed 24 June 2017]. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf>

Fung, D. (2017) *A connected curriculum for higher education*. London: UCL Press.

Gaarder, J. (2007) *Sophie's World: A Novel about the History of Philosophy*. New York: Farrar, Straus and Giroux.

Gair, S. (2012) Feeling Their Stories: Contemplating Empathy, Insider/Outsider Positionings, and Enriching Qualitative Research. *Qualitative health research*, **22**(1), pp. 134-143.

Gilbert, P. (2009) *The Compassionate Mind*. London: Constable & Robinson Ltd.

Gilbert, P. (2010) *Compassion focused therapy: distinctive features*. Essex Routledge.

Gilbert, P. (ed.) (2017) *Compassion: Concepts, Research and Applications*. Oxon: Routledge.

Gillespie, M. and McFetridge, B. (2006) Nurse education – the role of the nurse teacher. *Journal of Clinical Nursing*, **15**(5), pp. 639-644.

Goffman, E (1990) *The presentation of self in everyday* London: Penguin Books Ltd.

Goetz, J., Keltner, D. and Simon-Thomas, E. (2010) Compassion: An Evolutionary Analysis and Empirical Review. *Psychological Bulletin*, **136**(3), pp. 351-374.

Goetz, J.L. and Simon-Thomas, E. (2017) The Landscape of Compassion: Definitions and Scientific Approaches. *in* Seppälä, E.M., Simon-Thomas, E., Brown, S.L., Worline, M.C., Cameron, C.D. and Doty, J.R. (eds.) *The Oxford Handbook of Compassion Science*. New York: Oxford University Press, pp. 3-17.

Goodman, B. (2014) Risk, Rationality and Learning for Compassionate care; The Link Between Management Practices and the 'Lifeworld' of Nursing. *Nurse Education Today*, **34**(9), pp. 1265-1268.

Goodman, C. and Evans, C. (2015) Focus Groups. *in* Gerrish, K. and Lathlean, J. (eds.) *The Research Process in Nursing*. 7th ed. Chichester: Wiley and Blackwell, pp. 401-412.

Grant, M.J. and Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, **26**(2), pp.91–108.

Gray, D.E. (2014) *Doing Research in the Real World*. 3rd ed. London: Sage Publications Ltd.

Great Britain Parliament (1988) *Copyright, Designs and Patents Act 1988*, c.48 [Act of Parliament] [online]. [Accessed 28 Feb 2016] Available at: <http://www.legislation.gov.uk/ukpga/1988/48/pdfs/ukpga_19880048_en.pdf>

Great Britain Parliament (1998) *Data Protection Act 1998* [Act of Parliament]. London: HMSO.

Great Britain Parliament (2008) *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014* [Act of Parliament]. London: HMSO.

Green, J. and Thorogood, N. (2004) *Qualitative Methods for Health Research*

Griffiths, J., Speed, S., Horne, M. and Keeley, P. (2012) 'A caring professional attitude': What service users and carers seek in graduate nurses and the challenge for educators. *Nurse Education Today*, **32**(2), pp. 121-127.

Guba, E. G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. Newbury Park, California: Sage Publications Ltd.

Harper, D. (2002) Talking about pictures: A case for photo elicitation. *Visual Studies*, **17**(1), pp.13-26.

Health Education England (HEE) (2016) *Value Based Recruitment Framework* [online]. [Accessed 21 August 2019]. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/VBR_Framework%20March%202016.pdf>

Health Education England (HEE) (2020) *Back to clinical practice Covid-19* [online]. [Accessed 5 May 2020]. Available at: <<https://www.hee.nhs.uk/our-work/capitalnurse/back-clinical-practice-covid-19>>

Health Education England (HEE) (2020a) *Student Support guidance during COVID-19 Outbreak* [online]. [Accessed 5 May 2020]. Available at: <<https://www.hee.nhs.uk/sites/default/files/documents/Student%20support%20guide%20master%20.pdf>>

Health Education England (HEE) (2019) *Careers in nursing Caring, compassionate, committed Make a difference with a career in health* [online]. [Accessed 10 May 2020]. Available at: <<https://www.healthcareers.nhs.uk/sites/default/files/documents/Careers%20in%20nursing%20-%20May%202019.pdf>>.

Heisley, D.D. and Levy, S.J. (1991) Auto driving: A Photo elicitation Technique. *Journal of Consumer Research*, **18**(3), pp. 257- 272. >

Hesse-Biber, S.N. and Leavy, P. (2017) *The practice of qualitative research* London: Sage.

Hewison, A. and Sawbridge, Y. (eds.) (2016) *Compassion in Nursing: Theory, Evidence and Practice*. London: Palgrave.

Higher Education Authority (HEA) (2011) *The UK Professional Standards Framework for teaching and supporting learning in higher education (UKPSF)* [online]. [Accessed 24 June 2017]. Available at: <https://www.heacademy.ac.uk/system/files/downloads/uk_professional_standards_framework.pdf>

Hockey, J. (1993) Research methods -- researching peers and familiar settings. *Research papers in education*, **8**(2), pp. 199-225 .

Hofmeyer, A., Toffoli, L., Vernon, R., Taylor, R., Fontaine, D., Klopper, H.C. and Coetzee, S.K. (2016) Teaching the Practice of Compassion to Nursing Students within an Online Learning Environment: A Qualitative Study Protocol. *Contemporary Issues in Education Research*, **9**(4), pp. 201.

Hofmeyer, A., Toffoli, L., Vernon, R., Taylor, R., Klopper, H.C., Coetzee, S.K. and Fontaine, D. (2018) Teaching compassionate care to nursing students in a digital learning and teaching environment. *Collegian*, **25**(3), pp. 307-312.

Holloway, I. and Wheeler, S. (2010) *Qualitative Research in Nursing and Healthcare*. 3rd ed. Oxford: Wiley and Blackwell.

Horner, L. (2016) Co-Constructing Research: A critical literature review [online]. [Accessed 20 May 2020]. Available at: <<https://connected-communities.org/wp-content/uploads/2016/04/16019-Co-constructing-Research-Lit-Review-dev-06.pdf>>

Horsburgh, D. and Ross, J. (2013) Care and compassion: the experiences of newly qualified staff nurses. *Journal of Clinical Nursing*, **22**(7-8), pp. 1124-1132.

House of Commons (2018) *House of Commons Health Committee The nursing workforce Second Report of Session 2017–19*. HC353. London: House of Commons

Information Commissioner's Office (ICO) (2019) Guide to the General Data Protection Regulation (GDPR) [online]. [Accessed 20 May 2020]. Available at: <<https://ico.org.uk/media/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf>>

Jack, K. and Tetley, J. (2016) Using poems to explore the meaning of compassion to undergraduate nursing students. *International Practice Development Journal*, **6**(1), pp. 1-13.

Jenkins, N.K., Woodward, R. and Winter, T. (2008) The Emergent Production of Analysis in Photo Elicitation: Pictures of Military Identity. *Forum: Qualitative Social Research* [online]. **9**(3), Art 30.

Jones, J. and Pattison, S. (2016) Compassion as a Philosophical and Theological Concept. *in* Hewison, A. and Sawbridge, Y. (eds.) *Compassion in Nursing: Theory, Evidence and Practice*. London: Palgrave, pp. 43-55.

Kara, H. (2015) *Creative Research Methods in the Social Sciences: a practical guide*. Bristol: Policy Press.

Karnieli-Miller, O., Strier, R. and Pessach, L. (2009) Power Relations in Qualitative Research. *Qualitative Health Research*, **19**(2), pp. 279- 289.

Katz, J.T. and Khoshbin, S. (2016) Picasso's Science and Charity: Paternalism Versus Humanism in Medical Practice. *Open Forum Infectious Diseases* [online], 3(4), [Accessed 2 October 2016]. Available at :<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5063546/>>

Kenny, G. (2016) Compassion for Simulation. *Nurse Education in Practice*, **16**(1), pp. 160-162.

Keogh, B. (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*[online]. [Accessed 15 December 2019]. Available at:< <https://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>>.

King, N. and Horrocks, C. (2010) *Interviews in qualitative research*. Los Angeles: SAGE Publications Ltd.

Kings College London (2015) *Culture of Care' Barometer* [online]. [Accessed 6 Jan 2021]. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/03/culture-care-barometer.pdf>

Kneafsey, R., Brown, S., Sein, K., Chamley, C. and Parsons, J. (2015) A Qualitative study of key stakeholders' perspectives on compassion in healthcare and the development of a framework for compassionate interpersonal relations. *Journal of Clinical Nursing*, **25**(1-2), pp. 70-79.

Krueger, R.A. and Casey, M.A. (2014) *Focus Groups: A practical guide for Applied Research*. 5th ed. Thousand Oaks: Sage Publications.

Lacey, A. (2010) The Research Process. in Gerrish, K. and Lacey, A (eds.) *The Research Process in Nursing*. 6th ed. Chichester: Wiley-Blackwell, pp. 13 -26.

Lambert, S.D. and Loiselle, C.G. (2008) Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing*, **62**(2), pp. 228-237.

Lawton, M. (2019) Intentional content and the professional educator. *Higher Education Pedagogies*, **4** (1), pp. 105-118.

Loannides, A. (1999) The nurse teacher's clinical role now and in the future, *Nurse Education Today*, 19(3) pp. 207-14

Luke Chapter 10: 27-35, *The Holy Bible* (2016). Old and New Testaments: new revised standard version

Mackintosh-Franklin, C. (2019) Does nurse education promote caring and compassionate practice? A discussion following documentary review of current and future undergraduate curricula. *Nurse Education in Practice*, **36**, pp. 121-124.

Mahler, B. (2019) Nurse educators should use a range of approaches to teach students compassion. *Evidence Based Nursing* [online]. [Accessed 12 July 2020]. Available at: < <https://ebn-bmj-com.ezproxy.wlv.ac.uk/content/ebnurs/early/2019/10/23/ebnurs-2019-103114.full.pdf>>

McCarthy, G. and O'Sullivan, D. (2008) Evaluating the Literature. in Watson, R., McKenna, H., Cowman, S., and Keady, J. (eds.) *Nursing Research: Designs and E-Methods*. Edinburgh: Churchill Livingstone, pp. 113-124.

McDonald, L. (2014) Florence Nightingale and Irish nursing. *Journal of Clinical Nursing*, **23**(17-18), pp. 2424-2433.

McSherry, W., Bloomfield, S., Thompson, R., Nixon, V.A., Birch, C., Griffiths, N., Fisher, S. and Boughey, A.J. (2017) A cross-sectional analysis of the

factors that shape adult nursing students' values, attitudes and perceptions of compassionate care. *Journal of Research in Nursing*, **22**(1-2), pp. 25-39.

Michell, L. (1999) Combining focus groups and interviews: telling how it is; telling how it feels. in Kitzinger, J. and Barbour, R. (eds.) *Developing Focus Group Research: Politics, Theory and Practice*. London: Sage Publications Ltd, pp. 36-46.

Morgan, D.L. (1997) *Focus Groups as a Qualitative Research*. 2nd ed. London: Sage Publications Ltd.

Morgan, H. and Houghton, A. (2011) *Inclusive curriculum design in higher education Considerations for effective practice across and within subject areas* [online]. [Accessed 24 June 2017]. Available at: <https://www.heacademy.ac.uk/sites/default/files/resources/introduction_and_overview.pdf>.

Msiska, G., Smith, P., Fawcett, T. and Nyasulu, B.M. (2014) Emotional labour and compassionate care: What's the relationship? *Nurse Education Today*, **34**(9), pp. 1246-1252.

National Institute for Health and Care Excellence (NICE) (2012) *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services* [online]. [Accessed 24 June 2017]. Available at: <<https://www.nice.org.uk/guidance/cg138>>

Newham, R., Terry, L., Atherley, S., Hahessy, S., Babenko-Mould, Y., Evans, M., Ferguson, K., Carr, G. and Cedar, S.H. (2017) A moral profession: Nurse educators' selected narratives of care and compassion. *Nursing Ethics*, **26**(1), pp. 105-115.

Newington, L. and Metcalfe, A. (2014) Factors influencing recruitment to research: qualitative study of the experiences and perceptions of research teams. *BMC medical research methodology*, **14**(1), pp. 10 .

NHS England (2016) *Compassion in Practice Evidencing the impact* [online]. [Accessed 10 February 2020]. Available at: <<https://www.england.nhs.uk/wp-content/uploads/2016/05/cip-yr-3.pdf>>

NHS UK (2019) *The NHS Long Term Plan* [online]. [Accessed 5 November 2019]. Available at: <<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>>

Nijboer, A. and Van der Cingel, M. (2019) Compassion: Use it or lose it? A study into the perceptions of novice nurses on compassion: A qualitative approach. *Nurse Education Today*, **72**, pp. 84-89.

Nowell, L.S., Norris, J.M., White, D.E. and Moules, N.J. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods* [online]. **16**(1), pp.1-13. [Accessed 2 April 2020].

Available at: <

<https://journals.sagepub.com/doi/pdf/10.1177/1609406917733847>>

Novak, J.D. and Gowin, D.B. (1984) *Learning how to learn*. Cambridge: Cambridge University Press.

Novak, J.D. (2010) *Learning, Creating and Using Knowledge: Concept Mapping as Facilitative Tools in Schools and Corporations*. 2nd ed. New York: Routledge.

Nursing and Midwifery Council (NMC) (2018a) *The Code* [online]. [Accessed 2 May 2019]. Available at: <<https://www.nmc.org.uk/standards/code/read-the-code-online/>>

Nursing and Midwifery Council (NMC) (2018b) *Part 3: Standards for pre-registration nursing programmes* [online]. [Accessed 31 May 2019]. Available at: <<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-nursing.pdf>>

Nursing and Midwifery Council (NMC) (2018c) *Part 1: Standards framework for nursing and midwifery education* [online]. [Accessed 31 May 2019].

Available at:

<<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf>>

Nursing and Midwifery Council (NMC) (2018d) *Future Nurse: Standards of proficiency for registered nurses* [online]. [Accessed 31 May 2019]. Available at: <<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf>>

Nursing and Midwifery Council (NMC) (2018e) *Part 2: Standards for student supervision and assessment* [online] [Accessed 31 May 2019] Available at: <<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>>

Nursing and Midwifery Council (NMC) (2019a) *Quality assurance framework for nursing, midwifery and nursing associate education* [online]. [Accessed 31 May 2019]. Available at: <<https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>>

Nursing and Midwifery Council (NMC) (2019b) *Revalidation* [online]. [Accessed 21 August 2019]. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>

Nursing and Midwifery Council NMC (2019c) *What do academic assessors do?* [online]. [Accessed 17 June 2020]. Available at: <<https://www.nmc.org.uk/supporting-information-on-standards-for-student->

supervision-and-assessment/academic-assessment/what-do-academic-assessors-do/>

Nursing and Midwifery Council NMC (2019d) Who are academic assessors and how are they prepared? [online]. [Accessed 17 June 2020]. Available at: <<https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/academic-assessment/who-are-academic-assessors-and-how-are-they-prepared/>>

Nursing and Midwifery Council NMC (2019e) *Raising concerns Guidance for nurses, midwives and nursing associates*. [online]. [Accessed 17 June 2020]. <https://www.nmc.org.uk/globalassets/blocks/media-block/raising-concerns-v2.pdf>

Nursing and Midwifery Council (NMC) (2020) *Emergency standards for nursing and midwifery education* [online]. [Accessed 17 June 2020]. Available at: <
<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/emergency-standards-for-nursing-and-midwifery-education.pdf>>

O'Brien, D. (2017) Auto-driven photo-elicitation interviews with young deaf people in Boucher, M. (2018) *Participant Empowerment through photo-elicitation in ethnographic education research: new perspectives and approaches* Switzerland: Springer International Publishing, pp. 47- 69.

Oliffe, J.L., Bottorff, J.L., Kelly, M. and Halpin, M. (2008) Analyzing participant produced photographs from an ethnographic study of fatherhood and smoking. *Research in Nursing & Health*, **31**(5), pp. 529-539.

Oliffe, J.L. and Bottorff, J.L. (2007) Further Than the Eye Can See? Photo Elicitation and Research with Men. *Qualitative Health Research*, **17**(6), pp. 850-858.

O'Reilly, K. (2009) *Key concepts in ethnography*. London: Sage Publications.

O'Regan, T., Robinson, L., Newton-Hughes, A. and Strudwick, R. (2019) A review of visual ethnography: Radiography viewed through a different lens. *Radiography*, **25**, pp. S9-S13.

Ousey, K. (2011) The changing face of student nurse education and training programmes. *Wounds UK*, **7**(1), pp. 70-75.

Palaganas, E.C., Sanchez, M.C., Molintas, M.V.P. and Caricativo, R.D. (2017) Reflexivity in qualitative research: A journey of learning. (Report). *The Qualitative Report*, **22**(2), pp. 426.

Papadopoulos, I., Zorba, A., Koulouglioti, C., Ali, S., Aagard, M., Akman, O., Alpers, L.-., Apostolara, P., Biles, J., Martín-García, Á., González-Gil, T., Kouta, C., Krepinska, R., Kumar, B.N., Lesińska-Sawicka, M., Lopez, L., Malliarou, M., Nagórska, M., Nissim, S., Nortvedt, L., Oter-Quintana, C.,

Ozturk, C., Pangilinan, S.B., Papp, K., Eldar Regev, O., Rubiano, F.O., Tolentino Diaz, M.Y., Tóthová, V. and Vasiliou, M. (2016) International study on nurses' views and experiences of compassion. *International nursing review*, **63**(3), pp. 395-405.

Papadopoulos, I. and Ali, S. (2016) Measuring compassion in nurses and other healthcare professionals: An integrative review. *Nurse education in practice*; *Nurse Education Practice*, **16**(1), pp. 133-139 .

Parahoo, K. (2014) *Nursing Research: principles, process and issues*. 2nd ed. Hampshire: Palgrave Macmillan Press Ltd.

Patton M.Q. (2015) *Qualitative Research and Evaluation Methods: Integrating theory and practice*. 4th ed. Thousand Oak: SAGE Publications Ltd.

Pauwels, L. (2015) 'Participatory' visual research revisited: A critical-constructive assessment of epistemological, methodological and social activist tenets. *Ethnography*, **16**(1), pp. 95-117 .

Peters, M.A. (2005) Compassion: An Investigation into The Experience of Nursing Faculty. *International Journal of Human Caring* [online]. **9**(2), pp. 72-72. [Accessed 4 June 2017]. Available at:
<<http://web.a.ebscohost.com.ezproxy.wlv.ac.uk/ehost/pdfviewer/pdfviewer?vid=1&sid=c4f89a38-1cb1-401d-9813-094a8e242b3e%40sdc-v-sessmgr03>>.

Pink, S. (2007) *Doing visual ethnography: images, media and representation in research*. 2nd ed. London: SAGE Publications Ltd.

Pink, S (2008) Mobilising Visual Ethnography: Making Routes, Making Place and Making Images *Forum: qualitative social research* [online]. **9** (3,) Art 36. [Accessed 24 June 2017]. Available at: <<http://www.qualitative-research.net/index.php/fqs/article/view/1166>>.

Pink, S. (2013) *Doing Visual Ethnography*. London: SAGE Publications Ltd.

Polit, D. and Beck, C.T (2012) *Nursing Research: Generating and Assessing Evidence for Nursing Practice* 9th ed. London: Lippincott Williams and Wilkins.

Polit, D. and Beck, C.T (2014) *Essentials of Nursing Research: Appraising Evidence for Nursing Practice* 8th ed. London: Lippincott Williams and Wilkins.

Quality Assurance Agency (QAA) (2015) *The UK Quality Code for Higher Education Overview and the Expectations* [online]. [Accessed 26 June 2017]. Available at: <https://www.qaa.ac.uk/docs/qaa/quality-code/quality-code-overview-2015.pdf?sfvrsn=d309f781_6#:~:text=The%20UK%20Quality%20Code%20for%20Higher%20Education%20is%20the%20nationally,most%20appropriate%20for%20their%20organisation.>>.

Radley A. & Taylor D. (2003) Images of recovery: a photo- elicitation study on the hospital ward. *Qualitative Health Research*, **13** (1), pp.77–99.

Rashid, M., Caine, V. and Goetz, H. (2015) The Encounters and Challenges of Ethnography as a Methodology in Health Research. *International Journal of Qualitative Methods*, **14**(5), pp.1-16.

Reader, T.W. and Gillespie, A. (2013) Patient neglect in healthcare institutions: a systematic review and conceptual model, *BMC Health services research*, **13**(1), pp. 1-15.

Reeves, S., Kuper, A. and Hodges, B.D. (2008) Qualitative research methodologies: ethnography *British Medical Journal*, **337**, pp. 512- 514.

Richardson, C., Percy, M. and Hughes, J. (2015) Nursing therapeutics: Teaching student nurses care, compassion and empathy. *Nurse education today*, **35**(5), pp. e1-e5

Riley, R. and Manias, E. (2003) Snapshots of live theatre: the use of photography to research governance in operating room nursing. *Nursing Inquiry*, **10**(2), pp.81–90

Riley, R. and Manias, E. (2004) The uses of photography in clinical nursing practice and research: a literature review. *Journal of Advanced Nursing* [online]. **48**(4), pp.397–405 [Accessed 24 Feb 2018]. Available

at:<<https://onlinelibrary-wiley-com.ezproxy.wlv.ac.uk/doi/pdfdirect/10.1111/j.1365-2648.2004.03208.x>>

Roach, M. S. (2002) *Caring, the Human Mode of Being: A Blueprint for the Health Professions*. Ottawa, ON, Canada: CHA Press.

Roper, J.M. and Shapira, J. (2000) *Ethnography in nursing research*. Thousand Oaks, Calif; London: Sage Publications Ltd.

Rose, G. (2016) *Visual methodologies: an introduction to researching with visual materials*. 3rd ed. Los Angeles, [Calif.] London: Sage Publication Ltd.

Rose, P (2013) *Doing visual ethnography*. 3rd ed. London: Sage Publications Ltd.

Sadler, K., Stevens, S. and Willingham, J. (2015) Collaborative concept maps: A voice for all science learners. Science Scope [online]. [Accessed 24 Feb 2018]. Available at:
<<http://web.b.ebscohost.com.ezproxy.wlv.ac.uk/ehost/pdfviewer/pdfviewer?vid=1&sid=fa5ff1ad-0b50-436f-b368-5e0cdabbe8c8%40pdc-v-sessmgr06>>.

Saks, M. and Allsop, J. (2019) *Researching health: qualitative, quantitative and mixed methods*. 3rd ed. Los Angeles: SAGE Publications Ltd.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks, C. (2017) Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity; International Journal of Methodology*, **52**(4), pp. 1893-1907.

Schantz, M.L. (2007) Compassion: A Concept Analysis. *Nursing forum* (Hillsdale); *Nursing Forum*, 42(2), pp. 48-55 .

Schechner, R. and Brady, S. (2013) *Performance Studies An Introduction*. 3rd ed. Hoboken: Taylor and Francis.

Scotland, J. (2012) Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*. **5**(9), pp. 9-16.

Shell, L. (2014) Photo-Elicitation with Auto driving in Research with Individuals with Mild to Moderate Alzheimer's Disease: Advantages and Challenges International, *Journal of Qualitative Methods*, **13**, pp. 170- 184.

Silverman (2015) *Interpreting Qualitative Data* 5th ed. London: Sage Publications.

Sinclair, S., Norris, J.M., McConnell, S.J., Chochinov, H.M., Hack, T.F., Hagen, N.A., McClement, S. (2016a) Compassion: a scoping review of the healthcare literature *BMC Palliative Care*, **15** (6), pp.1-16.

Sinclair, S., McClement, S., Raffin-Bouchal, S., Hack, T.F., Hagen, N.A., McConnell, S. and Chochinov, H.M. (2016b) Compassion in Health Care: An Empirical Model. *Journal of pain and symptom management*, **51**(2), pp. 193-203.

Sinclair, S., Torres, M., Raffin-Bouchal, S., Hack, T., McClement, S., Hagen, N. and Chochinov, H. (2016c) Compassion training in healthcare: what are patients' perspectives on training healthcare providers? *BMC Medical Education* [online], **16**(1), pp. n/a. [Accessed 2 April 2020] Available at: <https://librarysearch.wlv.ac.uk/permalink/44UOWO_INST/1575ou6/proquest1807861920.>.

Sinclair, S., Russell, L., Hack, T., Kondejewski, J. and Sawatzky, R. (2017) Measuring Compassion in Healthcare: A Comprehensive and Critical Review. *The Patient - Patient-Centered Outcomes Research*, 10(4), pp. 389-405.

Smircich, L. and Stubbart, C. (1985) Strategic Management in an Enacted World. *The Academy of Management review* [online], 10(4), pp. 724-736 .

Smith, S., Gentleman, M., Loads, D. and Pullin, S. (2014) An exploration of a restorative space: a creative approach to reflection for nurse lecturer's focused on experiences of compassion in the workplace. *Nurse Education Today*, **34**(9), pp. 1225-1231.

Smith, M.E. and Smith, M.J. (2020) Being treated with compassion by nursing students in their baccalaureate program. [online]. [Accessed 10 June 2020]. Available:
at:<<http://www.sciencedirect.com/science/article/pii/S8755722320300363>>.

Steenfeldt, V.O., Therkildsen, M. and Lind, J. (2019) Nursing students' experiences of a challenging course: A photo-elicitation study. *Nurse education today*; *Nurse Education Today*, **76** pp. 31-37.

Straughair, C. (2019) Cultivating compassion in nursing: A grounded theory study to explore the perceptions of individuals who have experienced nursing care as patients. *Nurse Education in Practice*, **35** pp. 98 -103.

Straughair, C. (2012a) Exploring compassion: implications for contemporary nursing. Part 1. *British Journal of Nursing*, 21(3), pp. 160-164.

Straughair, C. (2012b) Exploring compassion: implications for contemporary nursing. Part 2. *British Journal of Nursing*, 21(4), pp. 239-244.

Strauss, C. and Quinn, N. (1997) *A cognitive theory of cultural meaning*
Cambridge: Cambridge University Press.

Strauss, B. Taylor, L. Jenny, G, Kuyken, W, Baer, R., Jones, F., and
Cavanagh , K (2016) What is compassion and how can we measure it? A

review of definitions and measures. *Clinical Psychology Review*, **47**, pp.15 – 27.

Terry, L., Newham, R., Hahessy, S., Atherley, S., Babenko-Mould, Y., Evans, M., Ferguson, K., Carr, G. and Cedar, S.H. (2017) A research-based mantra for compassionate caring, **58**. pp.1-11.

Tierney, S., Seers, K., Tutton, E. and Reeve, J. (2017) Enabling the flow of compassionate care: a grounded theory study. *BMC Health Services Research*, **17**(1), pp.1-12.

Thomas, D. (2006) A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*. **27**(2), pp. 237-246.

Topping, A. (2010) The Quantitative and Qualitative continuum. *in* Gerrish, K. and Lacey, A (eds.) *The research process in nursing*. 6th ed. Chichester: Wiley-Blackwell, pp 3-11.

Tracy, S. (2010) Qualitative Quality: Eight “Big Tent” Criteria for excellent Qualitative research *Qualitative Enquiry* **16** (10) p.837- 851.

UK Research and Innovation (UKRI) (2018) *GDPR and Research: an overview for researchers* [online]. [Accessed 24 May 2020]. Available at: <<https://www.ukri.org/files/about/policy/ukri-gdpr-faqs-pdf/>>.

UK Research Integrity Office (UKRIO) (2020) *Code of Practice for Research* [online]. [Accessed 2nd April 2020]. Available at:
<<https://ukrio.org/publications/code-of-practice-for-research/>>.

Van Gogh, V. (1889) Self-portrait [online][Accessed 22 July 20220] Available at:
<https://www.nationalgallery.org.uk/artists/vincent-van-gogh>

van Den Scott, L. K. (2018) Visual Methods in Ethnography. *Journal of Contemporary Ethnography*, **47**(6), pp. 719-728.

van der Cingel, M. (2009) Compassion and professional care: exploring the domain. *Nursing Philosophy*, **10** (2), pp. 124–136.

van der Cingel, M. (2011) Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nursing ethics*, **18**(5), pp. 672-685.

van der Cingel, M. (2014) Compassion: the missing link in quality of care. *Nurse education today*, **34**(9), pp.1253-1257.

Van Swaaji, L. and Klare, J. (2000) *The atlas of experience*. London: Bloomsbury Publishing PLC.

von Dietze, E. and Orb, A. (2000) Compassionate care: a moral dimension of nursing. *Nursing Inquiry*, **7** (3), pp.166-174.

Wahyuni, D. (2012) The Research Design Maze: Understanding Paradigms, Cases, Methods and Methodologies, *Journal of Applied Management Accounting Research* 10.1. pp 69- 80.

Walker, M., Curie, M., Quinn, I. and Corder, K. (2016) Improving compassionate care skills with education. (nursing)(Report). **112**(17), pp. 21-23.

Wakam, G.K., Montgomery, J.R., Biesterveld, B.E. and Brown, C.S. (2020) Not Dying Alone - Modern Compassionate Care in the Covid-19 Pandemic, *The New England Journal of Medicine*. **382**(24), pp. e88-e88.

Watson, J. (2008) *The Philosophy and Science of Caring*. Colorado: University Press Colorado.

Watson, R., McKenna, H., Cowman, S., and Keady, J. (2008) *Nursing Research: Designs and Methods*. London: Churchill Livingstone.

Waugh, A. and Donaldson, J. (2016) Students' perceptions of digital narratives of compassionate care. *Nurse Education in Practice*, **17** pp. 22-29.

Wiklund Gustin, L. and Wagner, L., (2013) The butterfly effect of caring – clinical nursing teachers' understanding of self-compassion as a source to

compassionate care. *Scandinavian Journal of Caring Sciences*, **27**(1), pp. 175-183.

Wiles, R., Prosser, J., Bagnoli, A., Clark, A., Davies, K., Holland, S. and Renold, E. (2008) Visual Ethics: Ethical Issues in Visual Research. *ESRC. National Centre for Research Methods*, [online]. NCRM/011. [Access 25 May 2019]. Available at:
<<http://eprints.ncrm.ac.uk/421/1/MethodsReviewPaperNCRM-011.pdf>>.

Williamson, K. (2006) Research in Constructivist Frameworks Using Ethnographic Techniques. *Library Trends*, **55** (1), pp. 83-101.

Willis, J. (2007) *Foundations of Qualitative research: interpretive and critical approaches*. London: Sage Publications Ltd.

Willis Commission (2012) *Quality with compassion: the future of nursing education. Report of the Willis Commission on Nursing* [online]. [Access May 25 2019]. Available at:
<<https://www.macmillan.org.uk/documents/newsletter/willis-commission-report-macmail-dec2012.pdf>>

Wilson, J., Mandich, A. and Magalhães, L. (2016) Concept Mapping: A Dynamic, Individualized and Qualitative Method for Eliciting Meaning. *Qualitative health Research* [online], **26**(8), pp.1151-1161.

[Accessed 26 May 2019]. Available at: <<https://journals-sagepub-com.ezproxy.wlv.ac.uk/doi/pdf/10.1177/1049732315616623>>.

Winch, S., Henderson, A. and Jones, J. (2015) Recognizing the dialectic of compassionate care in the workplace: feedback from nurse educators. *Journal of continuing education in nursing*, **46**(5), pp. 228-232.

World Health Organisation (WHO) (2018) *Compassion – the heart of quality people-centred health services* [online]. [Accessed 3 May 2020]. Available at: <https://www.who.int/servicedeliverysafety/areas/qhc/GLL_Compassion_webinar14Feb.pdf?ua=1>.

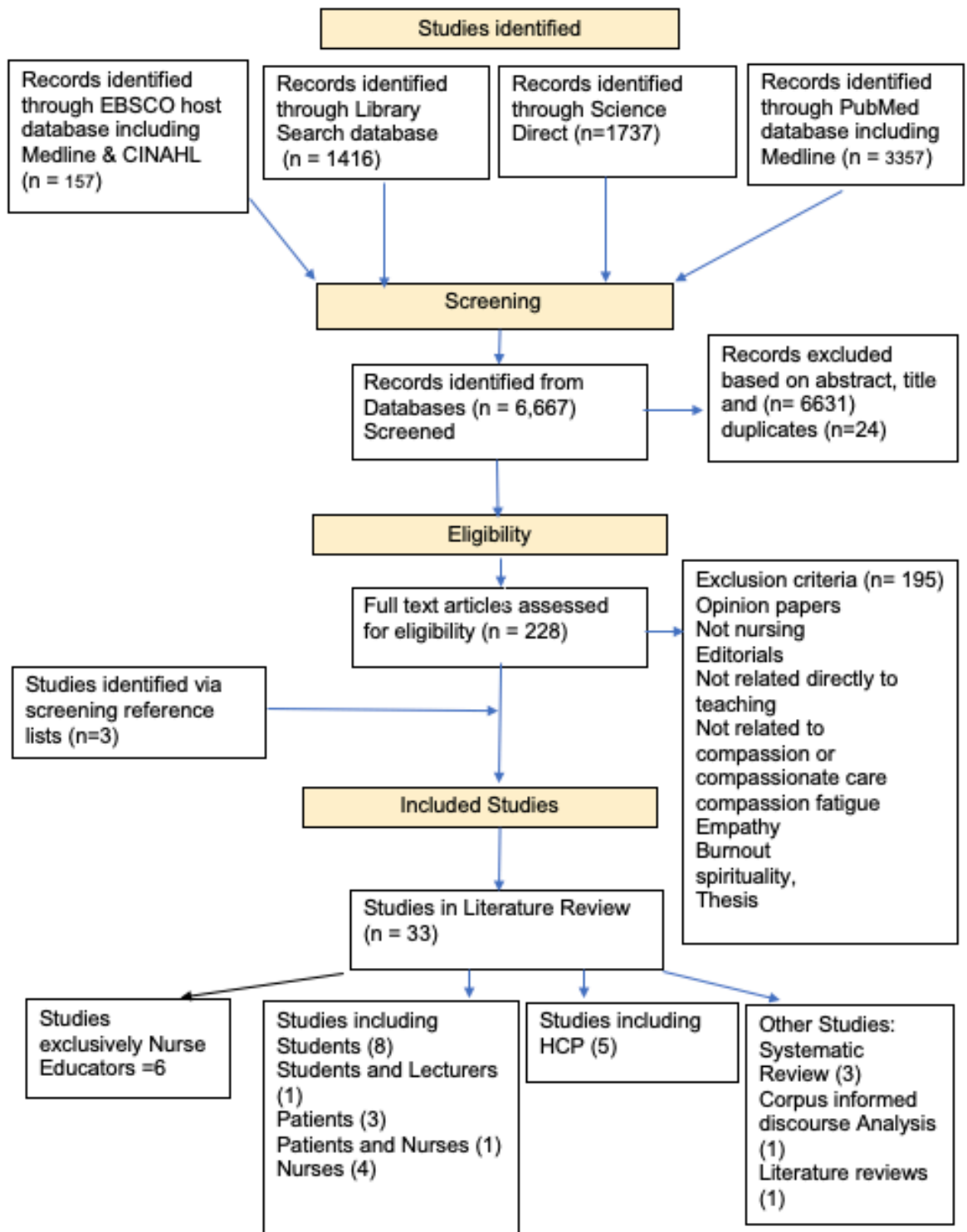
World Health Organisation (WHO) (2020) *COVID-19 Strategy Update* [online]. [Accessed 21 February 2020]. Available at: <https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19>.

Younas, A. and Maddigan, J. (2019) Proposing a policy framework for nursing education for fostering compassion in nursing students: A critical review. *Journal of advanced nursing*, **75** (8), pp.1621-1636.

Yue, M., Zhang, M., Zhang, C. and Jin, C. (2017) The effectiveness of concept mapping on development of critical thinking in nursing education: A systematic review and meta-analysis. *Nurse education today*, **52**, pp. 87-94.

Zamanzadeh, V., Valizadeh, L., Rahmani , A., van der Cingel, M. and Ghafourifard, M. (2018) Factors facilitating nurses to deliver compassionate care: a qualitative study. *Scandinavian Journal of Caring Sciences*, **32**, (1), pp. 92-97.

Appendix 1 Flow Chart of Search Strategy



Appendix 2: Database search				
Database search June 2020	Library Search	Pub Med Include Medline	EBSCO host Includes Medline & CINAHL	Science Direct
<p>No' of search hits –</p> <p>Search term: 'compassionate care in nurse education' OR Compassion in nursing OR 'compassion in nurse education' OR 'compassionate care in nursing.'</p> <p>Filters applied</p> <ul style="list-style-type: none"> Articles only Full text English if available Peer reviewed 11year range 2009 -2020 <p>'OR' widens the search.</p>	<p>1,416 Results</p> <p>Sorted by relevance</p> <p>18 studies identified</p> <p>7 rejected</p> <ol style="list-style-type: none"> Adamson and Dewar (2015) Bray, <i>et al.</i> (2014) Durkin, Gurbutt and Carson (2018) Christiansen <i>et al.</i> (2015) Durkin, Gurbutt and Carson (2019) Hofmeyer, <i>et al.</i> (2018) Jack and Tetley (2016) Straughair (2019) Waugh and Donaldson (2016) Wiklund Gustin and Wagner (2013) Msiska, <i>et al.</i> (2014) Mc Sherry, <i>et al.</i> (2017) Kneafsey, <i>et al.</i> (2015) 	<p>3357</p> <p>Sort by Best Match</p> <p>5 studies identified</p> <p>4 rejected</p> <p>6 duplicates</p> <ol style="list-style-type: none"> Bramley and Matiti (2014) Papadopoulos, <i>et al.</i> (2016) Zamanzadeh, <i>et al.</i> (2018) Coffey, <i>et al.</i> (2019) Curtis Horton and Smith (2012) 	<p>157 Results</p> <p>1 study identified</p> <p>5 duplicates</p> <p>3 rejected</p> <ol style="list-style-type: none"> Winch, Henderson and Jones (2015) 	-

	14. Tierney, <i>et al.</i> (2017) 15. Bond, <i>et al.</i> (2018) 16. Newham, <i>et al.</i> (2017) 17. Durkin, Usher and Jackson, <i>et al.</i> , (2018) 18. Nijboer & van der Cingel, (2019) 19. Sinclair <i>et al.</i> (2016) Literature Review: 1. Crawford <i>et al</i> (2014)			
Search terms Pre-registration nursing curriculum AND Compassionate Care in nurse education OR Compassion AND Nurse Educator or Nurse Lecturer Filters removed • Full text – due to low numbers Filters applied • Articles only	-	-	192 7 Duplicates 1 study identified 1. Newham, <i>et al.</i> , (2017)	

<ul style="list-style-type: none"> • English • Peer reviewed • 11year range • 2009 -2020 				
No' of search hits – Search term: 'compassionate care in nurse education'	-	-	-	1737 Sorted by Relevance 1737 Results 3 studies identified 8 Duplicates 1. Curtis (2014) 2. Smith and Smith (2019) 3. Smith et al. (2014)
Reference list search	3 studies identified: 1. Horsburgh and Ross (2013) 2. Curtis (2013) 3. Van der Cingel (2011)			

Appendix 3: Inclusion and Exclusion Criteria of the Review	
Inclusion criteria	Exclusion criteria
<p>Qualitative and quantitative primary research worldwide</p> <p>From 2009 to 2020</p> <p>Legislative directive</p> <p>Grey Literature</p> <p>Full text</p> <p>Peer-reviewed research</p> <p>Participants included educators, teachers, NLs</p> <p>English language only</p> <p>Research focusing on nurse education and StNs experiences of compassionate care.</p> <p>Patients, NLs and StNs experiences of compassionate care from a variety of healthcare settings.</p> <p>Healthcare professional perspectives on compassionate care.</p> <p>No restriction concerning countries – International perspective</p>	<p>Non-nursing articles</p> <p>Thesis and Dissertations</p> <p>Not original primary research such as editorials, opinion papers</p> <p>Unpublished research</p> <p>Studies not related to compassion or compassionate care</p> <p>Other concepts such as compassion fatigue, empathy</p> <p>Burnout, spirituality</p>

APPENDIX 4: Overview of Studies			Critical Appraisal Tool: McCarthy and O'Sullivan (2008)		
Author, Year, Country of Origin	Design/Method	Sampling & Setting	Characteristics of respondents	Summary of Findings//Discussion	Appraisal Summary
Wiklund Gustin and Wagner (2013) <i>Sweden, Norway, Finland and USA</i>	Phenomenological Hermeneutics	Sampling strategy not discussed. Based on who wanted to develop self-compassion and teaching and learning skills.	4 Clinical nurse teachers	5 themes identified: <ul style="list-style-type: none"> • Selfcare and caring for others. • Respecting human vulnerability • Being non judgmental • allowing expression of needs • Accepting the gift of compassion from others 	<p>The design aligned to research aim and method. Introduction justifies focus. Structured approach to data analysis. Limited number of participants. The study highlights that self-compassion supports compassionate care to others. Thus, students can benefit from this approach in their learning.</p> <p>This study suggests clinical nurse teachers need to understand compassionate self to be compassionate to others.</p>

Winch, Henderson and Jones (2015) <i>Australia</i>	A Simple Descriptive Analysis Attitudinal survey with free text Café methodology	Not stated	42 Educators 39 completed the survey	<ul style="list-style-type: none"> • Compassion is a principal value and lack of it can lead to poor patient care. • Compassion café methodology was beneficial for dialectic discussion, thus enabling compassion. However, insufficient for educators to take responsibility for compassionate care. • Nurse educators enable and monitor compassion in health care. • Supportive leadership is needed to accomplish compassionate practice. 	The design aligned to research aim and method. Brief Introduction and justified focus. A structured approach to descriptive data analysis. Sampling not stated. The study contributes to a discussion about the importance of space to discuss compassionate practice in the workplace. The study recognises the contribution of educators are well placed to enable or inhibit compassion.
Smith <i>et al.</i> , (2014) <i>United Kingdom</i>	A participatory action-research	Not stated	8 participants: 2 Senior lecturers	Leadership Culture	Small number of participants. The design aligned to research aim

	Mixed method approach Workshops: collages, field notes and reflective notes		1 Academic developer 2 Lecturers 1 Practice education facilitator 2 Senior nurses from the LCCP	Professional and personal development.	and method. Introduction and background completed and justifies focus. Structured approach to data analysis. Study is not exclusively nurse lecturers as alluded to in the title.
Curtis, K (2013) <i>United Kingdom</i>	Exploratory Study using Aesthetic phenomenological approach - In-depth interviews	University Convenience sampling	5 Nurse teachers	Nurse teachers recognise the competing pressure nursing. Students and Nurse teachers experience dissonance with learning experiences and reality of practice. Nurse teachers experience the pressure of managing large groups, time and small group discussion with students. They found enabling compassion with students a challenge. Fostering	Introduction and literature review completed and justifies focus. A small study, which ascertains the experiences and concerns of preparing students for compassionate practice, process of role modelling behaviours to students. Contributes to the discussion on compassionate care delivery in Universities.

				student resilience to maintain professional compassionate practice. Strong nurse leadership was also required in practice.	
<i>Terry et al.,(2017)</i> <i>United Kingdom</i>	Discourse Analysis Questionnaires on narrative	5 Universities	41 Nurse educators: 38 Nurses 1 Doctor 1 Biomedical scientist 1 Occupational therapist	Findings confirm the importance of connecting with others and giving comfort. The abandonment of and failure to see suffering was recognised as important.	Introduction and literature review completed and justifies focus. The design is aligned to the research aim and method which is consistent with a discourse analysis approach. Sampling strategy not fully explained Demographic not differentiated. Finding and discussion provided. The use of arts supported critical discussion for moral issues of compassion. Using narratives helps explain care and

					compassion. Limitations discussed, acknowledging that few nurse educators actually participated in the study. Unclear if all participants are nurse educators.
Newham, <i>et al.</i> ,(2017) <i>United Kingdom</i>	Discourse Analysis Questionnaires on narratives Discourse analysis	5 Universities	41 Nurse Educators: 38 nurses 1 Doctor 1 Biomedical scientist 1 Occupational therapist	Findings confirms the importance of seeing the person. <ul style="list-style-type: none"> • Showing kindness and connecting with others is essential part of compassionate care. • The burden of caring was disclosed. • Abandonment and the failure to see suffering. • Giving compassion to those deserving of it. 	Introduction justifies focus. This study bears a similar outcome to Terry <i>et al.</i> ,2017. Same number of authors, participants. Similar results and limitations. Different title and Journal. This study focuses more on the moral perspective. Design is consistent with a discourse analysis approach, using narratives. Sampling strategy not fully explained. Data collection and analysis

					<p>together. Demographic not differentiated. Findings and discussion also together. Uses art to facilitate critical reflection of moral issues of compassion. Acknowledges that few nurse educators actually participated in the study. Unclear if all participants are nurse educators.</p>
<p>Adamson and Dewar (2015) <i>United Kingdom</i></p>	<p>3year action research</p> <p>Student online discussion</p>	<p>Sampling strategy not discussed.</p> <p>University</p>	<p>37 Student nurses and Registered nurses</p> <p>16 Student nurses completed online discussions</p>	<ul style="list-style-type: none"> • Student online discussion • Feedback about experience from learning from stories • The use of stories and reflection supports the delivery of compassionate relationships. 	<p>The design is aligned to the research aim. Introduction and background justifies focus. Stories were used to develop reflection and online discussion. The study used one module. RN and student's comments are not differentiated in the results. The findings confirm caring</p>

					conversations enhance compassion.
Hofmeyer <i>et al.</i> ,(2018) Australia	Exploratory qualitative approach. Open end question survey monkey. The online compassion module to ascertain pre and post-learning.	Purposively sampling University	362 Nursing students invited. Participants: 17 – pre-intervention 25 post intervention	Findings confirms <ul style="list-style-type: none"> • Being present by giving time and placing yourself in the shoes of others. • Relieving suffering through action that matter. • Achieving a baseline of resilience, positive lifestyles and supportive networks. • The future brings new insights and being mindful. 	The research design is aligned to the aim. The introduction and background justifies the focus. The study highlights the benefits of technology nurturing compassion and self-care. The study contributes to debate of resilience and compassionate teams.
Waugh and Donaldson (2016) <i>England</i>	Qualitative Narrative Opened end questions in a questionnaire.	Convenience sampling. All student present at a tutorial were invited to take part.	2nd Year student nurses N=13	Themes identified: <ul style="list-style-type: none"> • Learning from stories supported learning about person-centredness, compassion, relatives and mentor support. 	The study achieved aims and is aligned with the design. Background and literature review justifies focus. Data collection and analysis sufficiently described. The approach is clearly

				<ul style="list-style-type: none"> Students valued the use of different media formats and stories. Students were positive about music, audio files and podcasting. Most students enjoyed digital stories. 	described. Student found the digital stories beneficial to their learning about compassionate care.
Jack and Tetley (2016) <i>England</i>	<p>Interpretative phenomenology</p> <p>Each student asked to write a poem.</p>	<p>Sampling strategy not discussed.</p> <p>University</p>	<p>42 First year student nurses invited to participate:</p> <p>24 Adult nursing students completed the activity</p>	<p>Finding confirm student's vulnerability and who describe compassion as follows:</p> <ul style="list-style-type: none"> Advocating A process that can be challenging and upsetting Being empathic A practical process Being with another <p>Students found the process beneficial, which allowed them to think about their practice.</p>	<p>The research aim was aligned with the design. Introduction and background justifies focus. The lived experience was reflected in the poems discussed. Hermeneutic approach to data analysis Confirms the need for educators to be creative in helping students learn about compassion and to consider challenges in managing student emotion.</p>

Msiska <i>et al.</i> , 2014 <i>Malawi</i>	Hermeneutic phenomenology Conversational interviews	Purposive sampling University	30 undergraduate nursing students 17 females 13 males	The finding confirm student nurses can develop compassionate care over time. The learning trajectory demonstrated a gradual change from emotional detachment: starting with fear , then gaining and experiences of caring which then drove a compassionate response rather than one of anxiety.	The research aim was aligned to the design. Literature review completed and justifies focus. The lived experience of student are explored with interviews. Modified Framework used for data analysis. Confirms the need for educators to be supportive to student in developing creative in helping student learn about compassion and to consider challenges in managing student emotion.
McSherry <i>et al.</i> , (2017) <i>United Kingdom</i>	A cross-sectional qualitative design 6 focus group discussions	Sampling strategy not stated University	22 adult branch nursing students (years 1–3).	5 Themes but only 3 discussed 1. Stress Management – not discussed 2. Nurse Education – not discussed	The research aim achieved and aligned to the design. Introduction completed and justifies focus. Focus groups had interview schedule

				<p>3. General values of students.</p> <p>4. Showing compassion is fundamental to nursing.</p> <p>5. Nursing values. Student shared compassion is part of respect and dignity and should be exhibiting before entry to the nurse education.</p>	<p>to guide discussion. Data analysis explained - Thematic analysis used. Confirms the need for educators foster caring skills along with competence. However, nurse education theme was not discussed in the study. The study suggests educators develop the curriculum to support caring attitudes.</p>
<p>Curtis (2014) <i>United Kingdom</i></p>	<p>Glaserian Grounded theory study</p> <p>In-depth interviews</p>	<p>Theoretical sampling</p> <p>University</p>	<p>19 student nurses</p>	<p>The findings confirm student concerns and vulnerability:</p> <ul style="list-style-type: none"> Uncertain boundaries for emotional engagement, emotional distress and satisfaction 	<p>There is no precise aim, however, does mention the need to explore socialisation in compassionate practice. Introduction and background completed and justifies focus. The research design is</p>

				<ul style="list-style-type: none"> Management through emotional labour, sources of support and role models and leadership 	aligned with the method used. Data collection and data analysis is justified. This study contributes to understanding student's vulnerability and the boundaries required for compassionate practice. It suggests further research into the hidden curriculum.
Smith and Smith (2020) USA	Naturalistic Paradigm Conventional Content Analysis Student descriptions were collected	Not stated	8 Undergraduate student nurses participants	<p>Student nurses felt they were treated with compassion while on the nurse programme. This was demonstrated as follows:</p> <p>Compassion started when students felt lost, confused, frightened, and discouraged. It developed through relationships</p>	The design is aligned to the research aim. Background and literature review completed and justifies focus. Method and design are consistent with a naturalistic approach. Sample strategy not included. Student descriptions analysed. Results and discussion into themes.

				<p>recognition, being valued, and understood.</p> <p>Compassion developed further through listening, patience, and being present. Finally, there was a feeling of success, comfort, and belonging.</p>	<p>The implication to research and nurse education discussed. Students perspective explored throughout.</p>
<p>Curtis, Horton, and Smith (2012)</p> <p><i>United Kingdom</i></p>	<p>Grounded Theory</p> <p>In-depth interviews</p>	<p>Convenience sampling (4 students)</p> <p>Theoretical sampling (15 students)</p> <p>Invitation letters sent Nurse teachers</p> <p>University</p>	<p>19 student nurses</p> <p>5 Nurse teachers</p> <p>Students were both male and female. Students were recruited from years 1, 2 & 3.</p>	<p>Students identified:</p> <ul style="list-style-type: none"> • Compassion requires RNs having time to empathise • Getting the balance right for the patient and self. • Managing dissonance between professional ideals and practice reality. • Nurse teachers supported the views of students. • Data from CQC, NHS staff and patient 	<p>The research design is aligned to the aim of the study. Introduction and Literature review completed and justifies focus. Grounded theory emerged which highlighted importance of education, leadership and collaboration, as well as the need to foster resilience in StNs. The outcome nurse teacher interviews have not been reported in this publication. Instead,</p>

				surveys supported students' findings.	author confirms student's findings concerning dissonance. The study concludes that practice and Universities should work together and recognise the conflict experienced by students.
Bramley and Matiti (2014) <i>England.</i>	Qualitative descriptive exploration. Semi- structured interview	Purposive sample recruited within 6 acute medical wards: ✓ Respiratory ✓ Endocrine ✓ Medicine ✓ Stroke Older people	10 Inpatients 5 males 5 females Aged 18-91 <i>1 participant later withdrew- not included in results).</i>	The findings confirm compassion is about knowing person and giving them your time. To understand impact of compassion means placing yourself in the shoes of another. Compassionate care is at the heart of nursing and requires effective communication.	The design is aligned to the research aim. Introduction and background justifies focus. Method and design are consistent with a qualitative approach. Inclusion and exclusion included in sample strategy. Data digitally recorded and analysed. Reflexivity explored. Results and discussion integrated into themes. The implication to practice is

					documented. Patient perspective explored throughout. This study affirms the need to explore whether compassionate care can be taught or is innate.
Sinclair et al (2016b)	Grounded Theory Semi-structured interview	Convenience and theoretical sampling	53 advanced cancer inpatients	The model : <ul style="list-style-type: none"> • Virtues • Relational space • Virtuous response • Seeking to understand • Relational communication • Attending to needs • Patients reported outcomes 	The design is aligned to the research objectives. Introduction justifies focus. Method and data collection are consistent with a qualitative approach. Study population and eligibility included. Data digitally recorded interviews. Strauss and Corbin approach. Results integrated into themes. This study affirms there is gap between patients and health care providers. Suggests research in training and

					exploring pedagogical issues may be beneficial.
Straughair (2019) <i>United Kingdom</i>	<p>Interpretivist Approach</p> <p>Grounded theory study</p> <ul style="list-style-type: none"> • A focus group discussion and three additional interviews. • Semi-structured individual interviews 	<p>Theoretical sampling</p> <ul style="list-style-type: none"> • Hospital • Community • Own Home • Care home 	<p>36 individuals at the start reduced to final sample 11</p> <p>Patients participants</p> <ul style="list-style-type: none"> • females • males 	<p>The findings confirm nurturing compassion through learning, role modelling, effective leadership, adequate resources and finally systems and processes.</p>	<p>The design is aligned to the research aim. Introduction and background completed and justifies focus. Method and design are consistent with an interpretivist approach. Theoretical sampling explained. Results discussed with themes and discussion Implication to practice documented. This study highlights patients' perspectives on cultivating compassionate care.</p>
Cingel (2011) <i>Holland</i>	<p>Qualitative</p> <p>In-depth interviews</p>	<p>31 patients in 3 settings:</p>	<p>16 specialised nurses with 5 minimum years' experience</p>	<p>The nature of compassion is described using seven dimensions:</p> <p>✓ Attentiveness</p>	<p>This is a useful study in shedding light on the nature/dimensions of compassion and</p>

		<ul style="list-style-type: none"> • Rehabilitation centre • Home care organisation • Outpatients <p>30 nurses: 16 specialized 8 home care 6 nurse specialists</p>	<p>Patients aged 65 and over with: Rheumatic COPD Others chronic diseases</p>	<ul style="list-style-type: none"> ✓ Listening ✓ Confronting ✓ Involvement ✓ Helping ✓ Presence ✓ Understanding 	<p>reinforces the benefits to patients and nurses alike. Introduction justifies focus, research design is aligned to methods, data collection and analysis. Ground theory and hermeneutical approach are utilised and clearly demonstrated in the data and findings. Limitations are discussed, future research. Implications to practice are superficially mentioned. Suggests further data analysis is required to understand the behaviour of nurses in enhancing of compassion.</p>
Zamanzadeh <i>et al.</i> ,(2018) Iran	Qualitative exploratory design	Purpose sampling	16 nurses selected from various clinical settings	The individual's capacity to be compassionate is deepened by:	This small study contributes to a discussion about the

	In-depth face to face interviews 4 Hospitals			<ul style="list-style-type: none"> • Personal values and beliefs, • Patient experience • Positive role models of compassion. 	importance of providing organisational support and education to enhance compassion. It supports recruiting compassionate nurses and role modelling. The design is aligned to research aim and methods used. Introduction and background justifies focus. A structured approach to data analysis. Limitations suggest further research patients.
Horsburgh and Ross (2013) <i>United Kingdom</i>	Qualitative study - Focus Groups	Purposively sampling	42 Registered nurses	Findings highlight the perceptions of compassion as well as inhibitors and facilitators of compassion. Participants felt they were left to sink or swim. Although they were	The study confirms the need for undergraduate programmes to prepare students for the reality of compassionate care. The design is aligned to the research aim and method. Introduction

				preparation to practice, greater emphasis should be placed on the reality. The support in practice greatly differed. Some staff are viewed as reluctant to change and harboured deep-rooted views.	and background justifies focus. Purposively sampling explained. Demographic not required with explanation. Results discussed with themes. Implications to practice also documented.
Papadopoulos, <i>et al.</i> , (2016) <i>International</i>	An exploratory, cross-sectional descriptive study, using the International Online Compassion Questionnaire	Convenience sample. Online	A total of 1323 nurses from 15 countries completed the questionnaire Final year students Qualified nurses Nurse educator Nurse manager	Findings show a significant relationship was found between nurses' experiences of compassion and their views about the teaching of compassion. Compassion was defined having an in-depth awareness of the suffering of others and wish to act upon it. Definitions varied by country. Compassion was viewed as paramount to nursing, which could be taught. Participants	Large study. The design aligned to research aim and method. Introduction and background completed and justifies focus. A structured approach to data analysis. The study contributes to the discussion about compassion being taught and justifies the need for additional teaching on compassion. It provides insight on the

				<p>thought patients prefer knowledgeable nurses with good interpersonal skills.</p> <p>Only 4.3% noted that they are receiving compassion from their managers.</p>	<p>importance of culture on the nurse perspectives. This study suggests compassion can be taught, and so further exploration would give insight in how it is performed and learned.</p>
<p>Nijboer and van Der Cingel (2019) Netherlands</p>	<p>Exploratory Qualitative study 14 in depth Interviews</p>	<p>Purposively sampling</p>	<p>14 Novice nurses 10 females and 4 males</p>	<p>Themes identify:</p> <ul style="list-style-type: none"> • Compassion as part of professional identity • Balancing in between environmental influences. • Strategies to deal with environmental influences. • Increased awareness and development of compassionate behaviour. 	<p>Research design is method is in line with a qualitative approach. Introduction completed and justifies focus. There is a clear aim and objective with questions that address the focus. Data was recorded and transcribed using thematic analysis. Sample demographics provided. Limitations noted open recruitment.</p> <p>This study confirms the need to explore nurse</p>

					education in preparing students for registration and dissonance of practice.
Kneafsey, <i>et al.</i> , (2015) <i>United Kingdom</i>	A pragmatic qualitative – 9 focus groups	Purposively sampling n=45 participants University Health and Social Care and NHS trusts	42 females 3 males <ul style="list-style-type: none"> Public participants who were receivers of health and social care. Staff Students University staff 	Findings confirm compassion is difficult to define. Participants were able to recognise compassionate behaviour which included being and having effective communication skills. Losing compassion featured in relation to not having enough time for personal engagement. A number of approaches were offered to support compassion in practice. A framework for compassion inter-personal relations was developed.	Research method is in line with a qualitative approach. Introduction and background justifies focus. There is a clear aim and objective with questions that address the focus. Data was recorded and transcribed. Sample demographics provided. NiVivo and Braun and Clarke (2013) were used to analyse the data. The researcher role in terms of reflexivity has not been explored. This study contributes to the importance of developing

					interpersonal relationships and personal engagement.
Christiansen <i>et al.</i> , (2015) <i>United Kingdom</i>	Qualitative and Quantitative Approach Questionnaire design with open and closed questions Interviews – face to face or telephone	Stratified Purposive sampling University	146 HP and HCS 166 <u>Qualified Health professional</u> <ul style="list-style-type: none"> • Qualified nurses • Midwife • Social worker • Qualified health Professional Operating Department practitioner • Counsellor • Paramedic <u>Pre-registration Students</u> <ul style="list-style-type: none"> • StNs (all fields). • Student paramedics Others	1. Individual and relationship factors impacting on compassionate care practice 2. Organisational factors that are impacting on compassionate care. 3. Leadership factors that hinder or enable a compassionate care culture.	The research aim is achieved. Introduction and background completed and justifies focus. The study includes a broad spectrum of health professionals and students. Adult nursing and nursing are the largest group responding. A conceptual framework developed from the data. The study contributes to factors affecting compassionate behaviour. Leaders acting as positive role models, nurturing positive relationships

					within the team and an emphasis on staff wellbeing.
Durkin, Gurbutt and Carson (2019) <i>United Kingdom</i>	Qualitative exploratory design	Purposive sampling University	34 key stakeholders <ul style="list-style-type: none"> • Nurse educators • Registered nurses • Service users/patients • Nursing students 	The characteristics of compassion were shared as: character, self, empathy, connection, interpersonal skills, communication, competent and engagement. Compassion could be taught to student nurses by using 5Ws, and is dependent on beliefs, motivations barriers, strength on teaching compassion.	The research design is aligned to the research aim and methods. data procedure in place, as well data analysis explained. Introduction and background completed and justifies focus. The findings contribute a comprehensive description of compassion, a model of compassion, advises on the need to measure compassion and improve nurse education programme. This study has explored how compassion is taught, but more research would be

					beneficial to elicit how nurse educator's performance in nurse education.
Tierney <i>et al.</i> , (2017) <i>United Kingdom</i>	Grounded theory study Semi-structured interview - mainly telephone X13 Focus groups X4	Purposively sampling & snowballing NHS trusts working with type 2 Diabetes	36 participants. 29 females 7 males <ul style="list-style-type: none"> • Nurses • Doctors • Podiatrists • Healthcare assistants • Dieticians • Administrative staff 	The findings confirm drainers and defenders of compassionate care. Professional compassion fuels the flow of compassion.	The research aim achieved and was aligned to the design. Data analysis is explained. Thematic analysis used. Background justifies focus. This study contributes to understanding compassionate care as a continuum. A model is developed showing the compassionate flow and is transferable to other settings.
Bray, <i>et al.</i> , (2014) <i>England</i>	Mixed Methods: Survey (352 completed- 197 pre-reg students	Purposively sampling 797 Qualified staff and students were asked to	Qualified: Nurse, ODP, Paramedic, Midwife, Allied	Findings show the importance of understanding compassion in health and demonstrating it. Health	The research aim to elicit the perceived role of education in promoting compassionate care.

	and 155 Qualified staff) and Semi- structured interviews 14 participants interviewed (7 Qualified staff & 7pre-reg students).	take part in the survey. 30 health professional and pre-registration student was asked to take part	health professional, Social worker, Counsellor and Other Pre-registration Students Nurse, ODP, Paramedic, midwife and others	professional education on compassionate appeared undecided.	Introduction and background justifies focus. The dual methods are used and are aligned to the strategy which provided valuable insight in supporting perceptions of health professionals and pre-registration students.
Coffey <i>et al.</i> , (2019) <i>Ireland</i>	Mixed Method Systematic Literature Review	CINHAL, Medline, PyschINFO and SocINDEX	15 papers included in this review	There is a positive impact on compassionate care educational programme. Programme characteristics : include using stories, role play and class discussions. Although, programme implementation alluded to barriers and facilitators to compassionate care.	The systematic review design is aligned to aim and questions. Introduction and background completed and justifies focus. Search strategy explained , PRISMA. Articles reviewed, with CASP checklist and analysis explained. Author identified limitations in the studies used in the review. Grey

					<p>literature not included. Researcher and participants relationships were not always discussed.</p> <p>This study suggests the need to explore on educational programmes on nurses, patients and organisations.</p>
<p>Durkin, Gurbutt and Carson (2018)</p> <p><i>United Kingdom</i></p>	<p>Systematic Literature Review</p>	<p>CINHAL, EBSCO, SCOPUS, PubMed, Ovid Nursing Articles were included nurses, nursing students, educators and patient groups.</p>	<p>4243 articles screened. After the study selection process, 21 articles remained.</p> <p>Papers published between July -August 2016</p>	<p>11 qualities identified for a compassionate nurse: Character, connecting and knowing the patient, awareness of suffering empathy, communication, body language, involving patients, having time, small acts, emotional strength, and professional competence.</p> <p>The study identifies tools for measuring</p>	<p>This systematic review uses a standard Quality criterion, and each paper has been scored Follows recognised criteria PRISMA. Limitations include a shortage of papers and the limitations in the studies used in the review. Grey literature not included.</p> <p>Researcher and participants relationships</p>

				compassionate care e.g., Compassionate Care Assessment Tool	were not always discussed. Few studies explored how compassion is taught to nursing students and how-to measuring compassion in nursing.
Bond <i>et al.</i> , (2018) <i>United Kingdom</i>	Qualitative and Quantitative approach A Corpus informed Discourse analysis	Convenience sampling Online peer- reviewed journal and newspapers online.	62,626-word corpus data	The findings provide a variety of ways to describe compassion. It was viewed as a natural attribute. Nurses were viewed positively. Compassion could not be taught but can be developed through repetition	This study is useful in affirming the need to explore how compassionate care delivered by nurse educators. Introduction and background justifies focus. The design is aligned to the research aim. Data collection and analysis explained. It provides a snapshot of the context posted online. Findings correlate other studies.

Durkin, Usher and Jackson (2018) <i>Australia and United Kingdom</i>	A systematic review	CINHAL Complete, Health and Medical Complete, PubMed Central, Clinic Key (Australia)Sage Journals, Psych Info and Ulrich Wen.	4243 articles identified Papers published between January 2006 – December 2016	Findings described definitions of compassion by various authors <ul style="list-style-type: none"> • Virtuous motivation • Emotional connection • Communication and building an understanding • Being present • Acting to provide individualised care 	Background completed and justifies focus. The systematic review design uses meta-ethnographic approach and PRISMA -P for reporting. The review is aligned to the aim. Search strategy explained, CASP used support data analysis. It provides a detailed exploration of the literature. Findings correlate other studies on compassionate care. Limitation are restrictive time period and the clinical setting.
Crawford <i>et al.</i> (2014)	Narrative Literature Review	Date range 2000 - 2013	PubMed, Science Direct, CINAHL	Result show there is a large amount of literature on compassion. Suggests compassionate practice as	This narrative review has a clear design and methods approach to identifying articles.

				<p>lack of attention to healthcare curricula.</p> <ul style="list-style-type: none"> • Defining compassion • Compassion as a mental state • Why compassion is limited • Policy and organisational approaches • Time for compassion • Remedies for compassion depletion • Warming up the clinic • Bidirectional compassion and architecture of care • Compassion formation 	<p>Links findings to clinical practice.</p> <p>The review offers insight in how compassion can be enhanced by training and education and organisational designs</p>
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Appendix 5 Characteristic of Studies

Characteristics	Year	Design	Country
Educators			
Wiklund Gustin and Wagner	2013	Phenomenological Hermeneutics	Sweden, Norway, Finland and USA
Winch, Henderson and Jones	2015	Simple Descriptive Analysis	Australia
Smith, <i>et al</i>	2014	Qualitative	United Kingdom
Curtis	2013	Phenomenology	United Kingdom
Newham, <i>et al.</i>	2017	Discourse Analysis	United Kingdom
Terry, <i>et al.</i>	2017	Discourse Analysis	United Kingdom
Students			
Adamson and Dewar	2015	Action research	United Kingdom
Hofmeyer <i>et al.</i>	2018	Exploratory qualitative	Australia
Waugh and Donaldson	2016	Qualitative Narrative	United Kingdom
Jack and Tetley	2016	Interpretative Phenomenology	United Kingdom
Msiska, <i>et al.</i>	2014	Hermeneutic Phenomenological	Malawi
McSherry, <i>et al.</i>	2017	Cross-Sectional Qualitative	United Kingdom
Curtis	2014	Grounded Theory	United Kingdom
Smith and Smith	2020	Conventional Content Analysis	USA
Students and Lecturers			
Curtis, Horton and Smith	2012	Grounded Theory	United Kingdom
Patients			
Bramley and Matiti	2014	Qualitative	United Kingdom
Straughair	2019	Grounded Theory	United Kingdom
Sinclair, <i>et al.</i>	2016	Grounded Theory	Canada
Patients and Nurses			
van der Cingel	2011	Qualitative	Holland
Nurses			
Zamanzadeh, <i>et al.</i>	2018	Qualitative	Iran

Papadopoulos, <i>et al.</i>	2016	Cross-sectional Descriptive Analysis	International
Horsburgh and Ross	2013	Qualitative	United Kingdom
Nijboer and van der Cingel	2019	Exploratory Qualitative	Netherlands

Health Professionals/Stakeholders

Kneafsey, <i>et al.</i>	2015	Qualitative	United Kingdom
Christiansen, <i>et al.</i>	2015	Mixed Methods	United Kingdom
Durkin Gurbutt and Carson	2019	Qualitative	United Kingdom
Tierney, <i>et al.</i>	2017	Grounded Theory	United Kingdom
Bray, <i>et al.</i>	2014	Mixed Methods	United Kingdom

Other Research articles

Dunkin, Gurbutt and Carson	2018	Systematic Review	United Kingdom
Coffey, <i>et al.</i>	2019	Mixed Method Systematic Review	United Kingdom
Bond, <i>et al.</i>	2018	Corpus Informed Discourse Analysis	United Kingdom
Durkin, Usher and Jackson	2018	Systematic Review	Australia and United Kingdom

Literature Review

Crawford <i>et al.</i>	2014	Narrative Review	United Kingdom
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Total Number of Studies in Review = 33

Appendix 6: Ethical Approval Letter



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
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Re: Minor Amendments to Study

11th April 2018

Juliette Drummond (Robin Gutteridge)
University of Wolverhampton
Faculty of Education, Health & Wellbeing

Dear Juliette Drummond (Robin Gutteridge),

Re: Exploring the concepts of compassionate care enacted by Nurse Lecturers (NLs) within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI), submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your proposed minor amendments.

On review your Revised Research Proposal was passed and the Panel believes that the ethical issues inherent in your study remain adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your revised study (**Code 1 - Approved**). We would like to wish you every success with the project.

Yours sincerely

Angela Clifford

Dr Angela Clifford (BSc, MSc, PhD, CPsychol)
Chair – Ethics Panel

Appendix 7: Consent Forms: ADPEI



Title of Project: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

Name of Researcher: Juliet Drummond

Please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I confirm that the photographs taken depict compassionate care in the nursing curriculum and I feel comfortable talking about my photographs. ☐
4. I have satisfied that all data will be stored securely and used in accordance with Data Protection ☐
5. I understand that data will be anonymised, and participants will not to be identified. ☐
6. I understand that the information obtained will used to promote the issue of compassionate care in the academic community and the health economy. ☐
7. I understand that data will be archived securely in line with Data Protection Act (1998) and destroyed after the required time. ☐
8. The researcher has permission to use the following images (list reference numbers)
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
9. I agree for my interview to be digitally recorded for use in the above study. ☐
10. I understand that should information be disclosed that is incompatible with the NMC code and University policies on standards of practice then this would be discussed and escalated as appropriate. ☐
11. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

APPENDIX 8: CONSENT FORM: Photographs for dissemination



Title of Project: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

Name of Researcher: Juliet Drummond

Please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw my permission to use photographs at any time without giving any reason, up to the point of data analysis.
3. I understand that the researcher will not use photographs that identify myself and others in the public domain without explicit consent prior to events.
4. The researcher will send me a copy of any publication that includes my photographs prior to dissemination in the public domain
5. I understand some images may be used in the public domain, for example, thesis, publications, exhibitions, conferences, and university web pages. I have up to 2 weeks to withdraw my permission before use in the public domain.
6. I understand that digital photographs will be stored securely on a university computer which is password protected.
7. I understand that in the unlikely event of images been taken that disclose unprofessional, non-compassion, or criminal behaviour that breaches the NMC code of practice (2015), confidentiality cannot be assured, and concerns may be escalated using the University of Wolverhampton policies and guidance.
8. I agree not to take photographs of children or take photographs on NHS Premises.
9. I agree for my photographs to be used for the above study. Please list images numbers below:
 - I.
 - II.
 - III.
 - IV.
 - V.

☐☐☐☐☐☐☐☐☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

APPENDIX 9: CONSENT FORM: Focus Group



Title of Project: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

Name of Researcher: Juliet Drummond

Please
initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I agree to my discussion been digitally recorded for the purposes of the above study. ☐
4. I understand that data will be stored in securely and I will not be identified in any publications. ☐
5. I understand that data will be anonymised, and participants will not to be identified. ☐
6. I understand that the information obtained will used to promote the issue of compassionate care in the academic community and the health economy. ☐
7. I give permission for the researcher to publish the study and its findings. ☐
8. I understand that should information be disclosed that is incompatible with the NMC code and University policies on standards of practice then this would be discussed and escalated as appropriate. ☐
9. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Researcher	Date	Signature

Appendix 10: Image Consent Form



Title of Project: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

Name of Researcher: Juliet Drummond

We would like to take a photograph of you as part of for the above research study. To comply with the Data Protection Act 1988, the University of Wolverhampton requires your permission to do so. Any images taken will be stored digitally on a secure server that is password protected.

I consent/agree to photographs of me being taken on (date).....
I understand that my image may be used for the above-named research
/conferences/ exhibitions/publications and publicity purposes
I understand that I can withdraw the use of my image at any time with no reason
before data analysis phase and up to 2 weeks before use in the public domain.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Contact details (email address)

.....
Signed

.....
Name (print)

.....
Date

.....
Photographer

.....
Signature

.....
Location of photograph taken

Condition for use:

The researcher will only use your image in relation to the above research project. This form will be retained to enable the management of consent for using images. The images may be used for dissemination purposes and in the public domain such as in displays, exhibitions, conferences, publications, University web pages. Your name and or identifiable information will not be used in any publication.

For internal use:

Photo ref	
Date of Activity	

Reference: University of Wolverhampton (2012) *Policy for taking images and recordings on University property and at University events*, Marketing and Communication University of Wolverhampton.

Appendix 11 Participant Information Sheet



University of Wolverhampton
City Campus
Millennium City Building
Wulfruna Street
Wolverhampton
WV1 1LY
United Kingdom

Telephone Codes
UK: 01902 Abroad: +44 1902

Switchboard: 321000

Internet: www.wlv.ac.uk

Tel: [REDACTED]

Study Title

Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

An invitation

You are invited to part in a research study. Before you decide, it is essential for you to understand why the research is being done and what it will involve. Please take the time to read the information carefully and you are welcome to ask question. Do ask me if anything is unclear or if you would like more information. Thank you for reading this.

What is the purpose of the study?

The aim of this study is to explore the perceptions of NLs on how compassionate care is enacted in nursing curriculum. There is little know about how compassionate care is performed by nurse lecturers in the nursing curriculum. The study will add to the body of knowledge in relation to the provision of compassionate care in healthcare.

Why have I been invited?

You have been chosen as you are a registered nurse on the Adult Degree Nurse pre-registration programme who can provide insight on how compassionate care is been taught in the curriculum. Participants will involve

NLs across campus sites. Sharing your views will provide a valuable insight and evidence to help shape compassionate care in the curriculum.

Do I have to take part?

No. It is up to you to decide. I will ensure you are fully briefed about the study and will ask you to sign a consent form beforehand. You will be given an information sheet and a copy of the signed consent to keep. You are free to withdraw at any time, without reservation and without giving a reason. Your withdrawal would need to be before data analysis phase.

What will taking part involve?

You will be invited to attend a briefing session about the research and what is involved. You will then be asked to use your own digital camera, to take pictures for a period of 2 weeks. If you do not have a digital camera you will be given one to loan. Photographs may include objects, places and adults that depict compassionate care in your working lives. Pictures should not be taken of children and/or on NHS premises. Consent is required if you take pictures of people, please ensure you complete the consent form provided, otherwise your image will not be used. You are then required to email the researcher your digital pictures for discussion in an interview which will take approximately one hour. You will be asked to choose a maximum of 5 pictures and you have the right to exclude pictures at this point. Your chosen pictures will be printed at no cost to yourself. Finally, you will be invited to attend a focus group with your peers which will last for approximately one hour to discuss compassionate care in the nursing curriculum and develop concept maps with peers, thus providing a visual representation.

In order to take part, you will need to read this information sheet and sign consent forms for the use of your photographs in this study and dissemination. You are also required to sign a consent form prior to being interviewed and attending the focus group.

Expenses and payments?

There will be no financial costs to your participation in the study. The researcher will pay for all printing costs of photographs related to the study.

What are the possible disadvantages and risks of taking part?

There are no foreseeable risks associated with the study. However, as we are discussing compassionate care, this may involve discussing sensitive issues which may be upsetting if shared. You will be asked and given the choice to continue. You will also be signposted to supportive contacts such as pastoral or counselling services as appropriate.

It is important to ensure personal safety when taking photographs for example trying to take photographs at challenging angles.

What are the possible benefits of taking part?

The outcomes of the study will help to increase the understanding of teaching and learning about compassionate care. I hope it will be an enjoyable process, and you will feel you are contributing to better pedagogic foundations for the nurse curriculum. The reflexive process may be helpful in your own continuing development.

What if there is a problem?

If you have a concern about any aspect of this study, please feel free to contact me and I will do my best to answer your questions (contact number [REDACTED]) You are also welcome to contact my Director of Studies, Dr Robin Gutteridge (Email [REDACTED]).

How will my information be kept confidential?

All information collected during the study will be kept strictly confidential, and any information about you will be anonymised and so that you cannot be recognised in the research findings. Confidentiality will be safeguarded during and after the study, in line with Data Protection Act (1998). Should information be disclosed that is incompatible with the NMC code and University policies on standards of practice then this would be discussed and escalated if appropriate. This is a low risk as the purpose of this study is to explore how NLs deliver compassionate care in the nursing curriculum

The participant information:

- ✓ Data will be collected using photo- elicitation, digitally recorded interviews and focus groups. Identifiable personal data such as names and emails will be removed from the findings.
- ✓ Your photographs will be encysted and stored securely on a computer that is password protected.
- ✓ Your personal information and data will be kept secure on University computer and will be password protected.
- ✓ A master list identifying participants to the research codes data will be held on a password protected computer accessed only by the researcher
- ✓ Notes and recorded data will be stored in a locked cabinet, within locked office, accessed only by researcher. Recorded data will be destroyed once transcribed.
- ✓ Electronic data will be stored on a password protected computer known only by researcher.
- ✓ Your data will be retained for a minimum of 5 years in line with University of Wolverhampton Data Protection Policy and Data Protection Act (1998).

What will happen if I don't carry on with the study?

You have the right to withdraw at any time. Should you wish to withdraw from the study, all your identifiable photographs and digitally recorded interviews will be destroyed, and data will not be used.

What will happen to the results of the research study?

You will receive a summary of the results to review. The study findings will be disseminated within the faculty of Health and wellbeing and the wider health economy.

Who is organising or sponsoring the research?

The University of Wolverhampton will be sponsoring my study.

Who has reviewed this study?

This study has been reviewed and approved by the Faculty of Health, Education and Wellbeing (FEHW) Ethics committee at the University of Wolverhampton.

If you have problem or concern, or require further information and contact details:

For further information about the study please do not hesitate to contact me. My contact details are as follows: -

Email:

Telephone:

Address: Juliet Drummond, Registered Nurse, Senior Adult Lecturer, University of Wolverhampton, Faculty of Education, Health & Wellbeing, City Campus, Millennium City Building, Wulfruna Street, Wolverhampton, WV1 1LY.

Alternatively, you may contact one of my research supervisors:

Dr. Robin Gutteridge

email:

Dr Fiona Hackney

email:

Thank you for taking the time to read this information sheet and I look forward to hearing from you.

Appendix 12: Participant Focus Group Briefing Pack

An invitation

You are invited to part in a research study. Before you decide, it is essential for you to understand why the research is being done and what it will involve. Please take the time to read the information carefully and you are welcome to ask question. Do ask me if anything is unclear or if you would like more information. Thank you for reading this.

Study Title

Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

What is the purpose of the study?

The aim of this study is to explore the perceptions of NLs on how compassionate care is enacted in nursing curriculum. There is little know about how compassionate care is performed by lecturers in the nursing curriculum. The study will add to the body of knowledge in relation to the provision of compassionate care in healthcare.

Why have I been invited?

You have been chosen as you are a registered nurse on the Adult Degree Nurse pre-registration programme who can provide insight on how compassionate care is been taught in the curriculum. Participants will be nurse lecturers in the adult field across campus sites.

Do I have to take part?

No, your participation is voluntary. You will be asked to sign a consent form to show you have agreed to take part and you are free to withdraw at any time, without giving a reason. If you agree to take part and then change your mind and wish to withdraw, you are requested to inform the researcher before the data analysis phase.

What will I have to do?

You will be invited to attend a focus group with your peers to discuss the concepts of compassionate in the adult nursing curriculum. During the session there will opportunity to share your views develop an individual concept map and then as a group develop a collaborative concept map. The duration of the focus group will last between 1-2 hours; refreshment will be provided. You will be given this information sheet and asked to sign a consent form at the meeting. You will be given a copy of your signed consent to keep.

Expenses and payments?

There are no financial costs to taking part in the study. The researcher will pay for all printing costs of photograph related to the study. Lunch/ refreshments will be provided by the researcher.

What are the possible disadvantages and risks of taking part?

The study does not have any foreseeable risk associated with it. However, as we are discussing compassionate care, this may involve discussing sensitive issues which maybe upsetting if shared. Support services will be made available for participants to access if required.

What are the possible benefits of taking part?

I hope it will be an enjoyable process, you will feel you are contributing to better pedagogic foundations on the nurse curriculum and you will find the reflexive process helpful in your own continuing development the information I get from the study will help to increase the understanding of teaching and learning about compassionate care.

What if there is a problem?

If you have a concern about any aspect of this study, please feel free to contact me and I will do my best to answer your questions (contact number [REDACTED]). You are also welcome to contact my Director of Studies, Dr Robin Gutteridge ([REDACTED])

Will my taking part in the study be kept confidential?

All your information collected about you during the study will be kept strictly confidential, and any information about you will be anonymised and so that you cannot be recognised. Confidentiality will be safeguarded during and after the study, this will be in line with Data Protection Act 1998. Should information be disclosed that is incompatible with the NMC code and University policies on standards of practice then this would be discussed and escalated if appropriate. This is a low risk as the purpose of this study is to explore how NLs deliver compassionate care in the nursing curriculum

The participant information:

- ✓ Data will be collected using flip charts and a digital recorder and field notes.
- ✓ Data will be securely stored on a computer and will be password protected.
- ✓ Your personal information and data will be kept secure on University computer and will be password protected.
- ✓ A master list identifying participants to the research codes data will be held on a password protected computer accessed only by the researcher. Research findings will not identify participants.
- ✓ Hard paper/ notes and recorded data will be stored in a locked cabinet, within locked office, accessed only by researcher
- ✓ Electronic data will be stored on a password protected computer known only by researcher
- ✓ Your data will be retained for a minimum of 5 years in line with University of Wolverhampton Data Protection Policy and Data Protection Act (1998).

What will happen if I don't carry on with the study?

You have the right to withdraw at any time. Should you wish to withdraw from the study, all your identifiable photographs and tape-recorded interviews will be destroyed, and data will not be used.

What will happen to the results of the research study?

You will receive a summary of the results to review. The study findings will be disseminated within the faculty of Health and wellbeing and the wider health economy and public domain.

Who is organising or sponsoring the research?

The University of Wolverhampton will be sponsoring my study.

Who has reviewed this study?

This study has been reviewed and approved by the Faculty of Health, Education and Wellbeing (FEHW) Ethics committee at the University of Wolverhampton.

If you have problem or concern, or require further information and contact details:

For further information about the study please do not hesitate to contact me. My contact details are as follows: -

Email: [REDACTED]

Telephone: [REDACTED]

Address: Juliet Drummond, Registered Nurse, Senior Adult Lecturer, University of Wolverhampton, Faculty of Education, Health & Wellbeing, City Campus, Millennium City Building, Wulfruna Street, Wolverhampton, WV1 1LY.

Alternatively, you may contact one of my research supervisors:

Rd. Robin Gutteridge

email: [REDACTED]

Dr Fiona Hackney

email: [REDACTED]

Thank you for taking the time to read this information sheet and I look forward to hearing from you.

Appendix 13: Recruitment, retention and motivation strategy

Adapted from Newington and Metcalfe (2014)

Strategy	Researcher suggested actions
Preparation and Planning	Explain importance of the study Increase NLs awareness of the research Attend Team Meeting to raise awareness Increase availability for questions and answers Accessible information sheets
Engendering support	Advertise the study in HEI by way of newsletter, email and flyer Clear eligibility criteria Adopt an opt in and opt out system Discuss workload and try to accommodate needs Be flexible to needs of participants
Collaboration with NLs	Provide regular updates and Feedback Establish links in the teams Provide incentives for attend and participating.

Appendix 14 Inclusion and Exclusion Criteria for NLs

Inclusion	NLs teaching on the Adult Pre-Registration Nursing Programme across 3 campuses at the Local University. This will include all educational experiences, such as theoretical and clinical modules.
Exclusion	Visiting lecturers, teachers who are not registered with the NMC and lecturers/teachers who do not teach on the adult pre-registration nursing programme.

Appendix 15: Email Format to recruit participants

Subject: Participants required for a Study on Compassion Care in the adult nursing curriculum

Dear All,

Title of Project: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

I am a student on Professional Doctorate Programme at the University of Wolverhampton, and I am conducting a study as part of my thesis module. The study concerns the enactment of compassionate care by nurse lecturers in the adult nursing curriculum. Your participation involves you taking part in a photo-elicitation, an interview and a focus group to discuss the issue of compassionate in the adult nursing curriculum. I am looking for participants who are nurse lecturers (NMC registrant) who teach on the pre-registration programme. I would be very grateful if you would be willing to take part in my study. If you are interested, please contact me at the address below. If you do choose to take part, there will be an opportunity to find out more about the study before you come to a decision. You are under no obligation to take part.

My Director of Studies is Robin Gutteridge, and she can be contacted on [REDACTED]. The use of this email to recruit participants for this study has been approved by the University of Wolverhampton Ethics committee.

Juliet Drummond
Adult Nurse Lecturer
[REDACTED]
University of Wolverhampton
City Campus
Room MC217
Extension [REDACTED]

Appendix 16: Invitation Letter to Participants



University of Wolverhampton
City Campus
Millennium City Building
Wulfruna Street
Wolverhampton
WV1 1LY
United Kingdom

Telephone Codes
UK: 01902 Abroad: +44 1902

Switchboard: 321000
Internet: www.wlv.ac.uk

Tel: [REDACTED]

Dear _____

Study Title: Exploring the concepts of compassionate care enacted by Nurse Lecturers within the Adult Nursing curriculum: a case study from a Higher Education Institution (HEI).

I am writing to invite you to participate in a research study that I am conducting as part of my Professional Doctorate in Health and Wellbeing at the University of Wolverhampton. I have enclosed an information sheet which explains the title and aims of the study.

The findings will be made available for you to review. I would like to take this opportunity to reassure you that pseudonyms and numbers will replace all names so to ensure you cannot be identified in the research findings.

If you feel that you would like to take part, please review the attached information sheet and if you would like to be involved please email me on the address above. If you would prefer not be involved, please ignore this letter. I would like assure that our relationship will not be affected in anyway should you not want to take part.

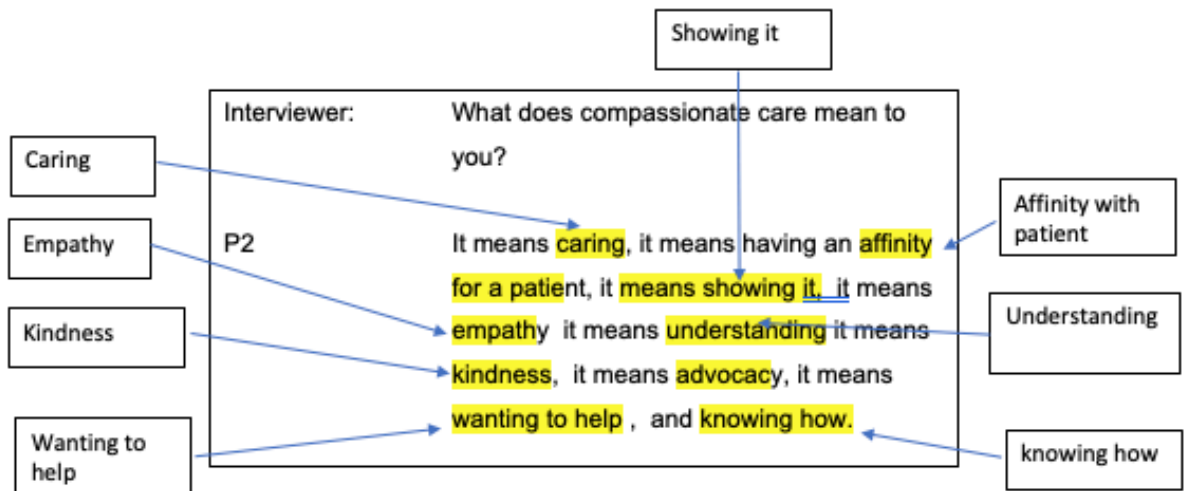
Yours sincerely,

Juliet Drummond

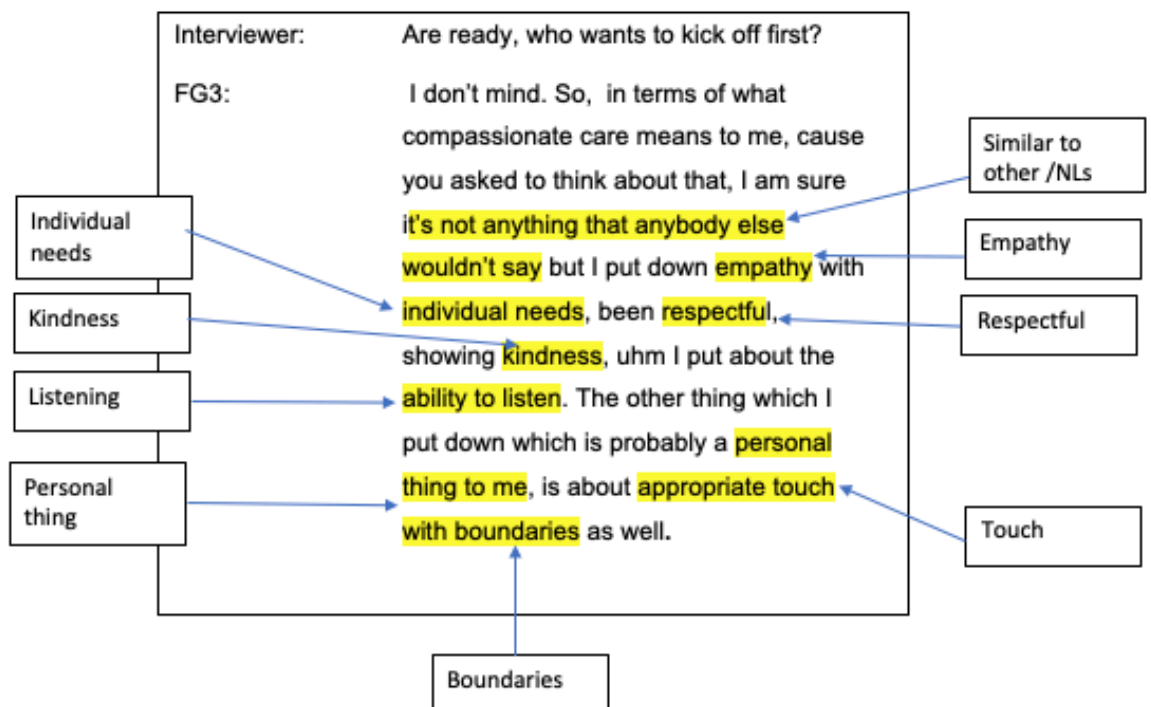
RN, Senior Adult Lecturer
Enc.

Appendix 17: Worked extracts from transcript to codes

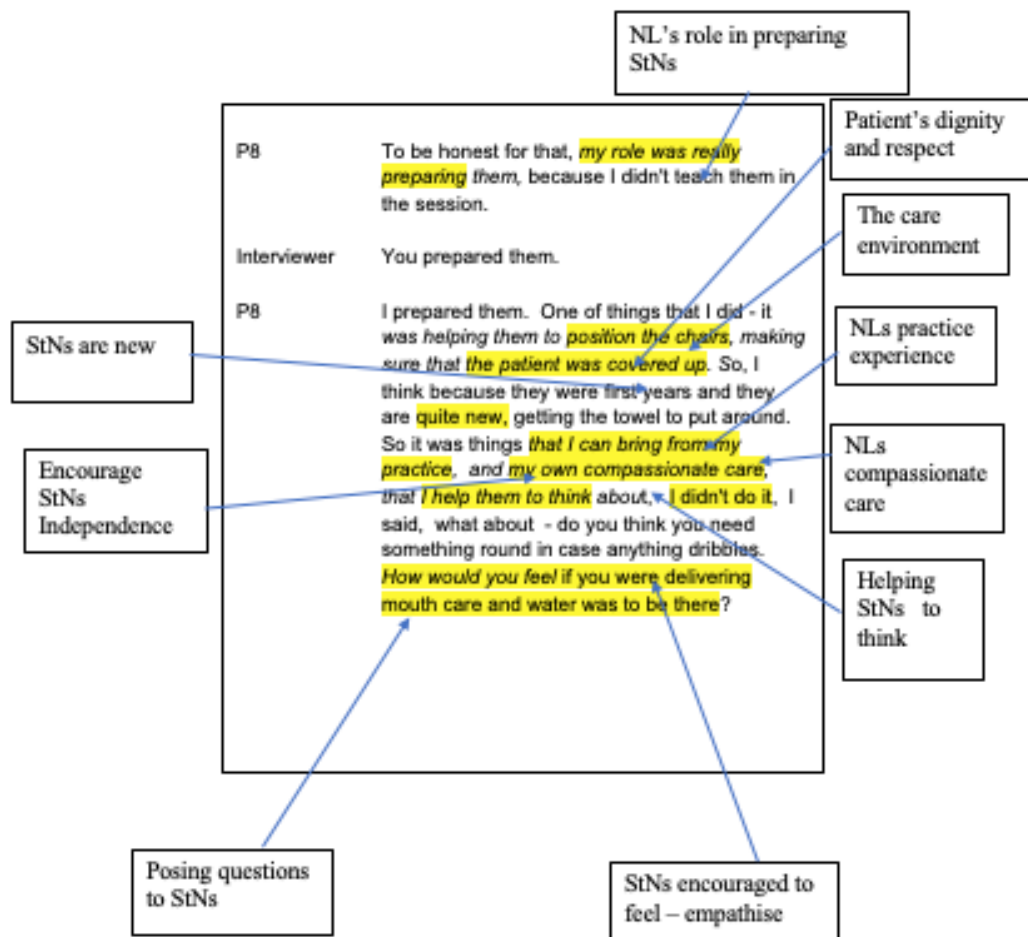
ADPEI transcript extract: defining compassionate care



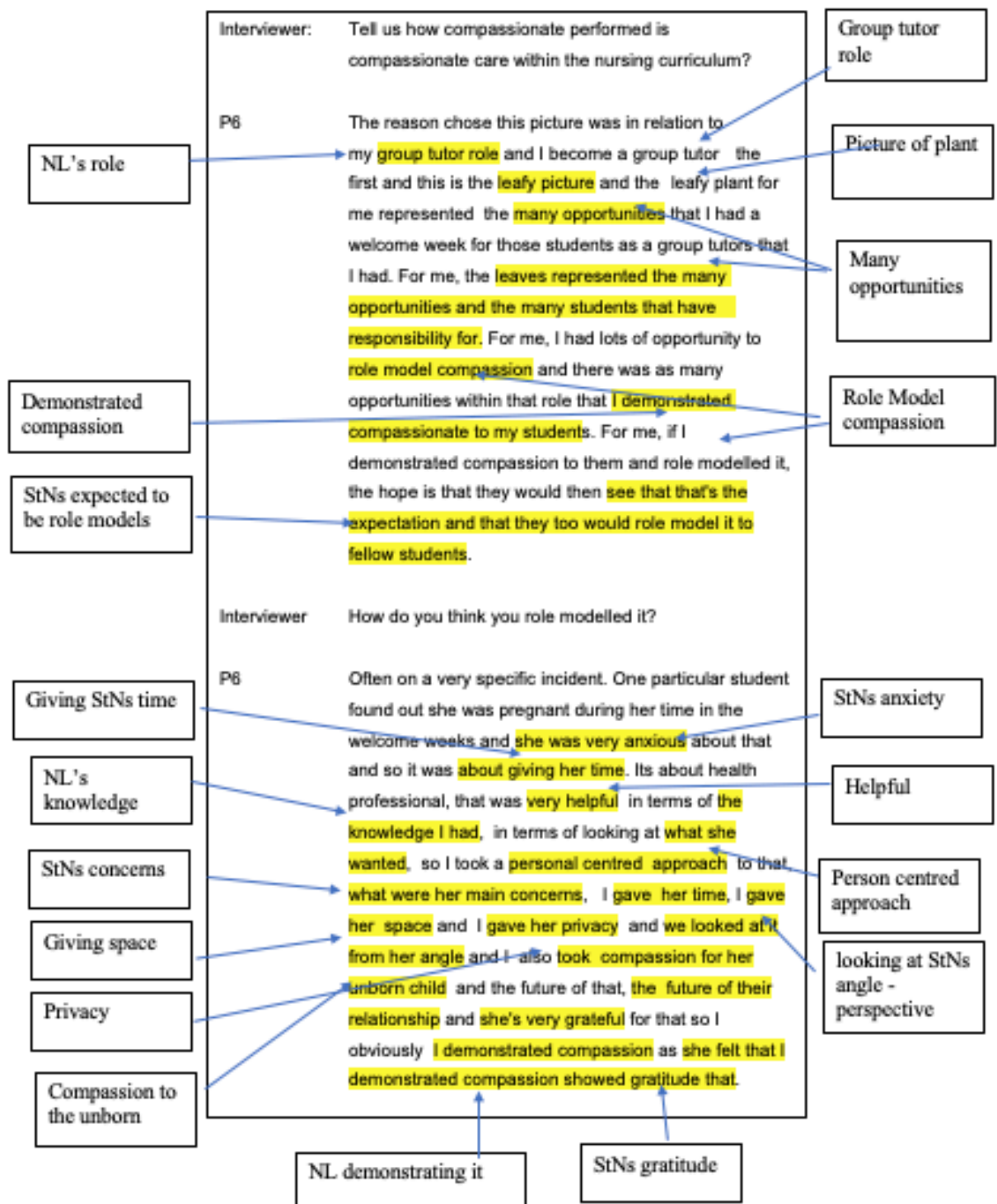
Focus Group transcript extract: defining compassionate



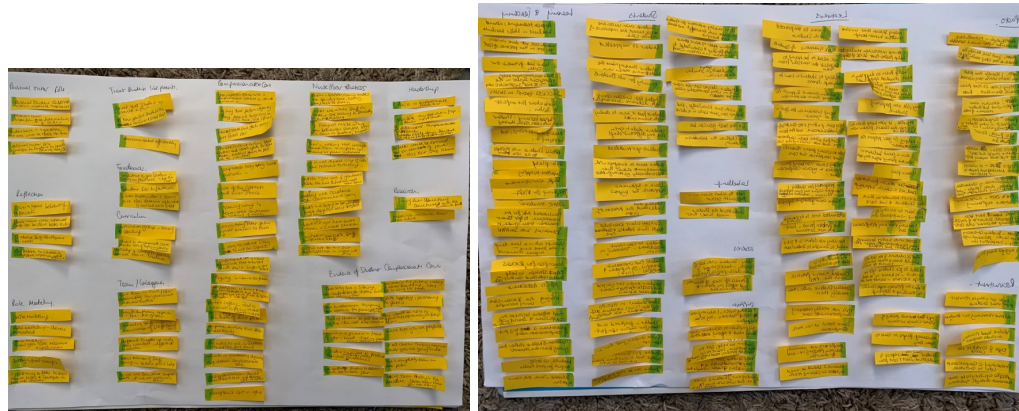
ADPEI Extracts performing compassionate care



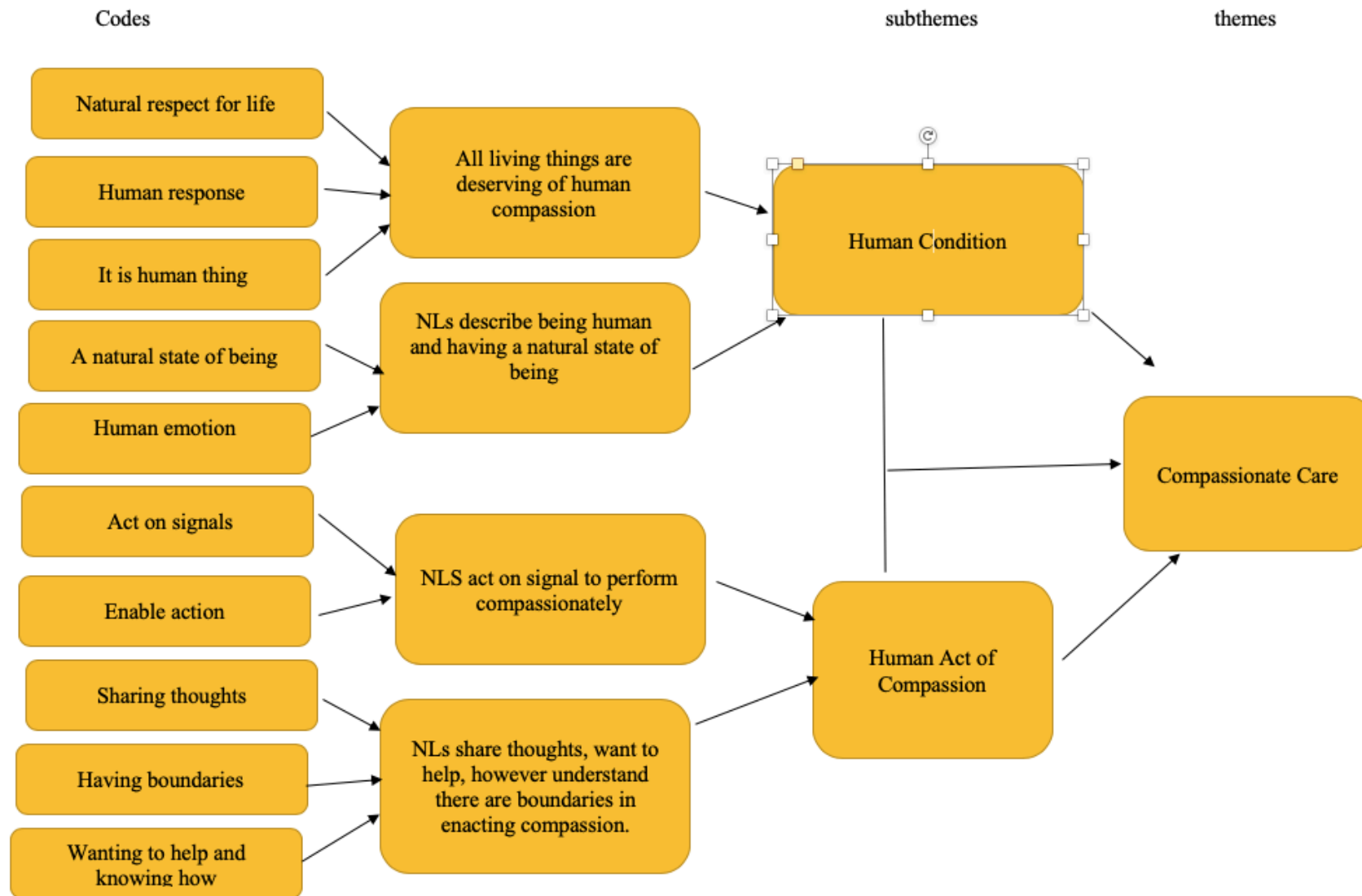
ADPEI Extracts performing compassionate care

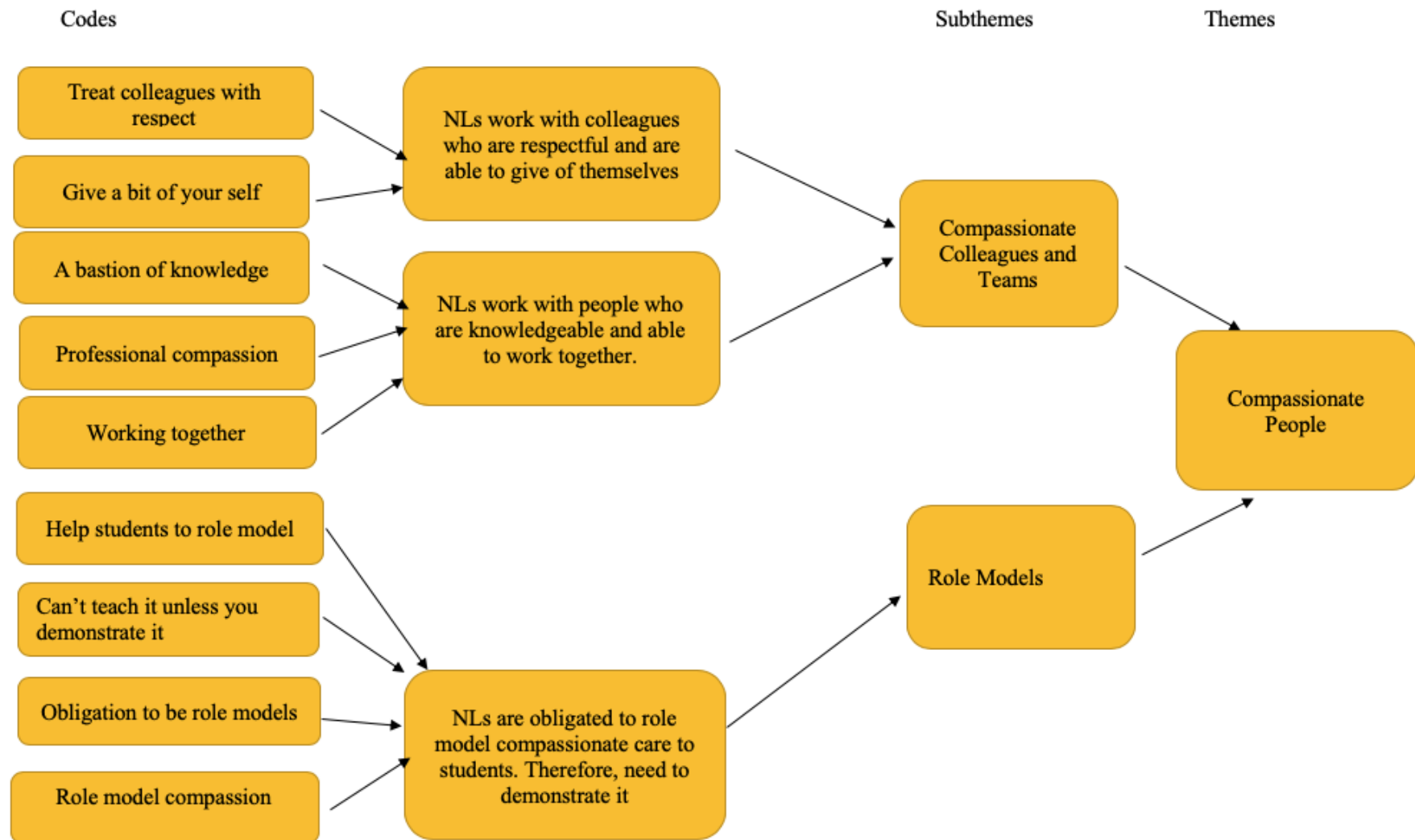


Appendix 18: Flip Chart Sample – codes completed for each participant and focus Group



Appendix 19: Snapshot of Decision-Making /Data Analysis





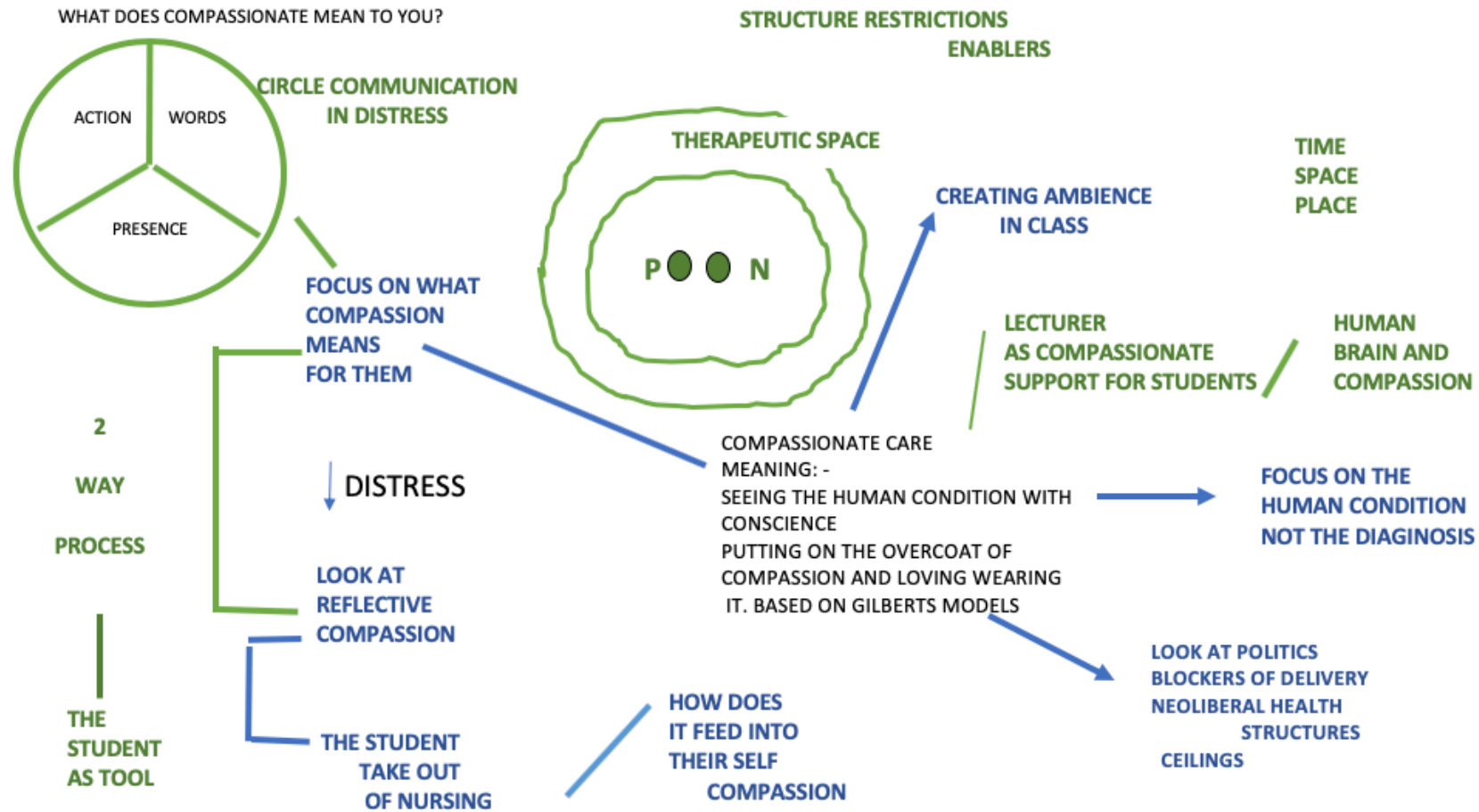
Appendix 20: Snapshot of Codes Subthemes and Themes *(Utilising Braun and Clarke 2013 and Oliffe, et al., 2008)*

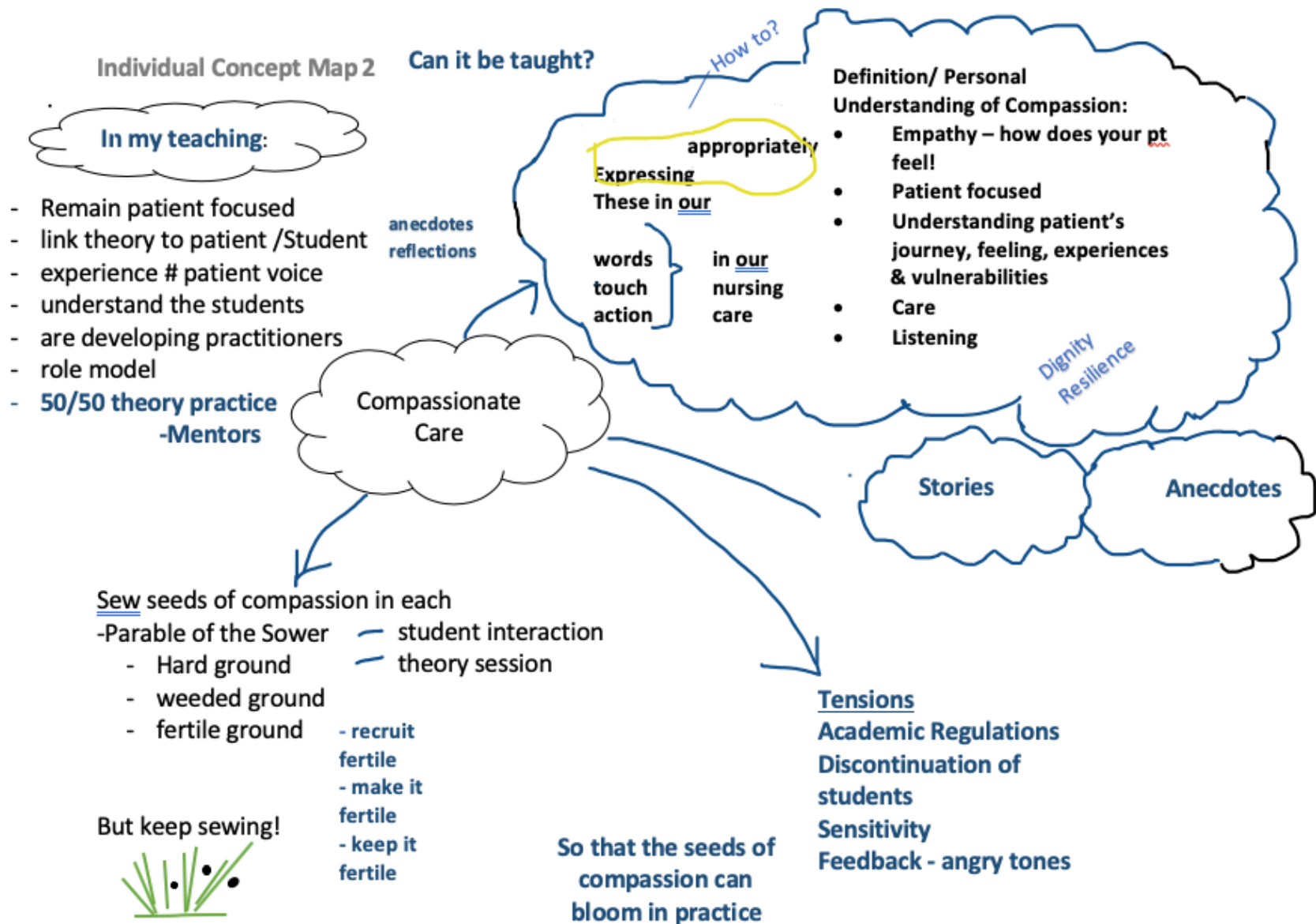
Compassionate Care Codes and Subthemes	Compassionate People Codes and Subthemes	Compassionate Curriculum Codes and Subthemes	Compassionate Culture Codes and Subthemes	Compassionate Lens Codes and Subthemes
<u>Subthemes</u> <u>Human Condition</u> Love and respect for life - P1 It is a human thing - P1 Compassion is the glue- P1 Person centred relationship A humanistic approach P2 It is not a choice but a natural state of being P3 Looking through lens they came from P3 Human emotion P4 Hard to describe P4 Empathy P2, P4, P5, P6, P9 Respectful P4, P5 Human response P4 Good natured P5 Understand the person Showing empathy P5 Understand the person situation P6 Difficult to define P6 Compassion is a value P7 Compassion is inherent in ourselves P5 Individual P8 Compassionate across cultures P8 Demonstrating the therapeutic relationship P9 Compassion is innate P9 Relationship with anything living P1	<u>Subthemes</u> <u>Compassionate colleagues and Team</u> A bastion of knowledge P1 Epitomizes professional compassion P1 Extremely compassionate person P1 Support from lecturers P9 I see us as lecturers as sower of the seed P2 Uncompassionate people P1 Treating colleagues, the same as patients P5 Compassionate care in embedded in me P4 <u>Focus Group</u> Compassion is about around working with staff FG3 Sensitivity dealing with staff and colleagues FG3 Important to look after colleagues P5 If they feel it and can't demonstrate it, or they can demonstrate it don't feel it FG5 <u>Role Modelling</u> Role modelling future conversations P2 Students see role modelling enacted, they role model the behaviour P3	<u>Subthemes</u> <u>Curriculum Development</u> Compassion should be more overt P2 Promote compassionate responses and gives people hope P1 It happens naturally across the course P4 Threaded through the course P4 Resilience should be imbedded in the curriculum P6 New curriculum reflects it P6 Multifaceted in the curriculum P5 Compassionate care is throughout P5 We are coaching students rather than teaching them" P8. Exists informally and formally P3 The content in itself evoked a natural compassionate response P5 The course is challenging and hard P9 Linking theory to practice P9	<u>Subthemes</u> <u>Nursing Profession</u> Nursing is not just a body knowledge; it reaches out and it touches people P2 People attracted o teaching are compassionate P3 I don't believe anyone comes in nursing not caring P3 Elements of the job rewarding P3 Privileged position to influence P3 Nurses are the glue P9 Making patient comfortable, listen to them P4 Nurse are aware of compassion and how to exercise it P4 Putting patient first Patient perspective and choices P4 Understands and Discuss with patients P4 Patients help student to understand why P2 A fortunate career P1 Nurse trying to compassionate despite being stressed and busy P8	<u>Subthemes</u> <u>Photographs</u> Compassionate people/living things - picture of family, staff, students, plants, animals, swan. Simulation – group activities – manual handling, mouth care, blood pressure. Setting – classroom , local hospitals , sky, university gates. Objects – cards, computer images, emails , word documents Photo helped me think Help me recall event P3 Mindful with each image P3, P6 Photo showed meaning Professional and personal photos P1

<p>Seeing the human condition with a conscience P1 See vulnerabilities and feeling Compassion is a seed P2 How patients might feel P4 Relationship or Living Thing P1 Varies across culture P8 Being in their head space P6 Trying to feel what they are feelingp6 Treating a person as an individual P1 Therapeutic relationship P1 Focused on that person P7 Communicating effectively P7 Thinking about what you are doing P7 I think it is a value P7 Inclusive P7</p> <p><u>Focus Group</u> Human condition with conscience Patient focus Understanding the patient journey FG2 Feeling, experiences and vulnerabilities FG2 Compassion is a seed FG2 The individual FG3 It is a perceptual thing FG1 Not being afraid of what you are thinking and feeling FG4 How sensitive we are and how empathic FG4</p>	<p>Good role models P4 Demonstrate compassion so students follows P4 Students see us as a role model P4 Students emulate what we do P4 Role model it and then expect student to model it P6 If don't role model that behaviour you are going to expect to get it back P6 Role model how you talk P8 Compassionate role models P9 Role modelling P7, P6, P3, P9, P2, P6, P4 Obligation to role model P4 Help student to role model P2 Can't teach it unless to demonstrate P9 Setting a good example P8 Role model being on time or early P7</p> <p><u>Focus Group</u> Important to Role model FG1, FG2, FG4, FG5 Get to student to understand it FG4 They are not the finished product, FG2 Try to role model to others FG3 role model throughout teaching FG4 It is way we come across and way we role model it FG4 Teaching compassion through role modelling quite strongly FG5</p>	<p><u>Focus Group</u> Mental and physical health disconnect FG1 Neuro and endocrine anatomy FG2 Knowledge of anatomy and how it relates to personal interaction FG1 Different level of compassion Like putting on an overcoat of compassion P1</p>	<p>Nurse take the time to find out P8 Dealing with complaints in a compassionate way p8 Nurse are the one you trust P8</p> <p><u>Focus Group</u> All the best nurses are compassionate that's my non-scientific judgment FG1 Nurses need to get more political FG1 They are been blamed for been weak FG1 Easy to blame the nurses FG1 Historical and current knowledge of the profession FG1 Professional bodies and then the reality of the caring environment FG2 Nurses reach a limit and so do patients Nurses are great vehicle to do compassion but struggle with it FG1 Develops as a continuum personal and professional life as a nurse (FG3)</p>	<p>Each picture has a different statement P1 I enjoyed reflecting and linking picture P6 Photos represented stories Photos embody pain and suffering P2 Photo represents showing time and compassion P7 Represent the power of touch P7 Photo represents showing time and compassion P7 Picture is interconnected P2 Photos help me consider my role Helps to stimulate in some way P1 Favourite pictures reflect experiences P4 Black and white phot deeper meaning P1 Eye contact in the photo P5 Heart behind the desk P9</p>
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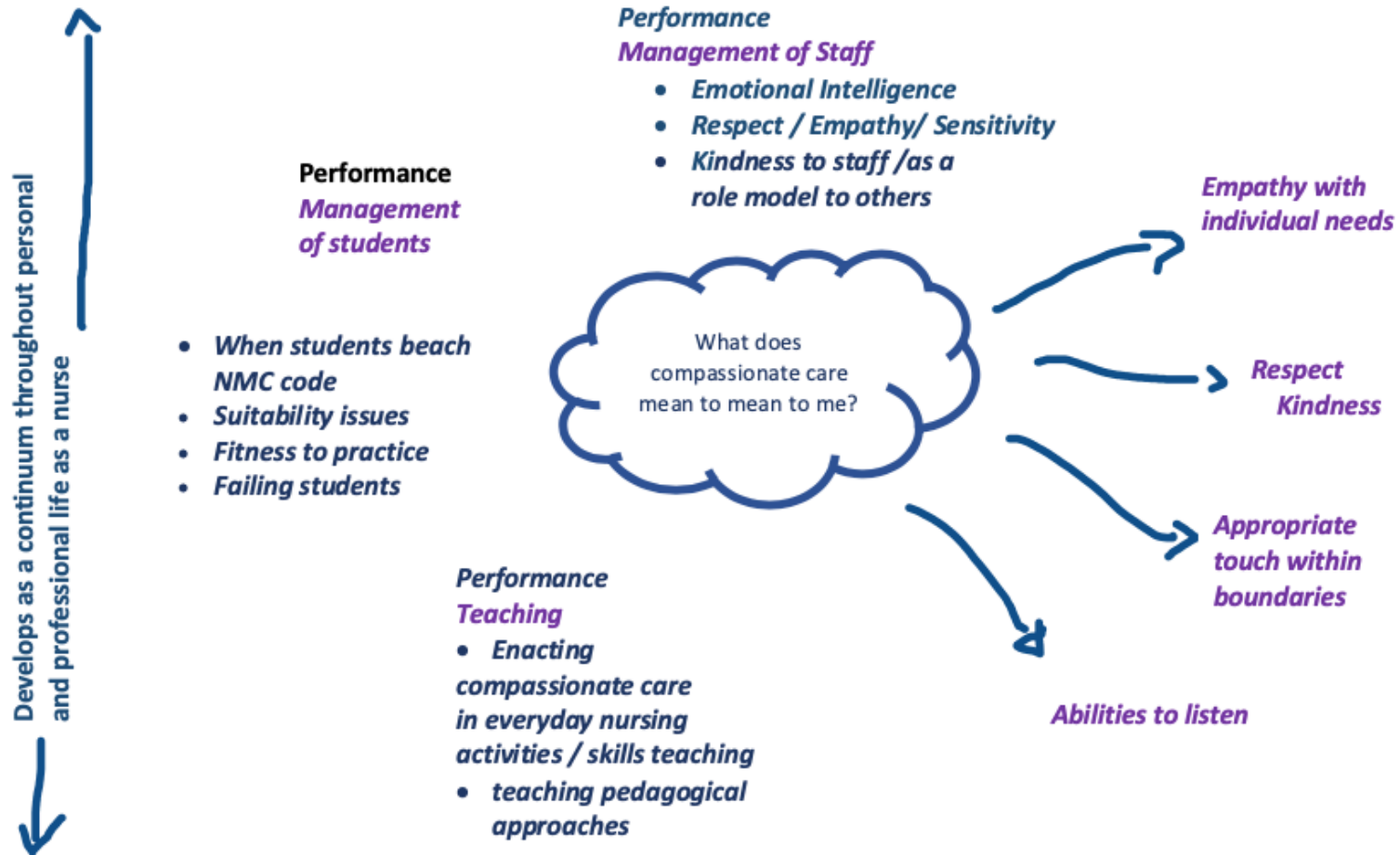
Appendix 21: Individual Concept Maps (P1 to P5)

Individual Concept Map 1

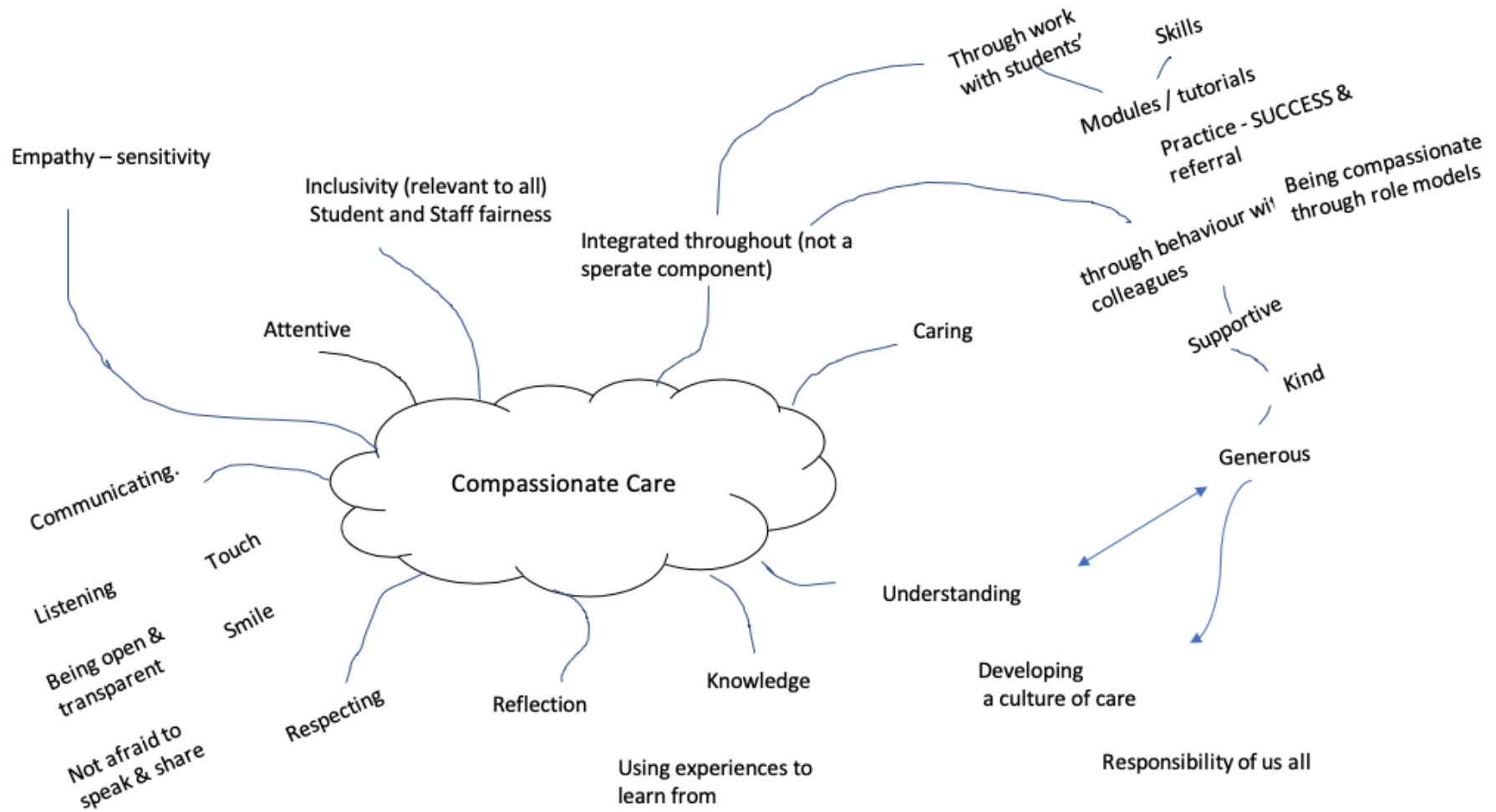




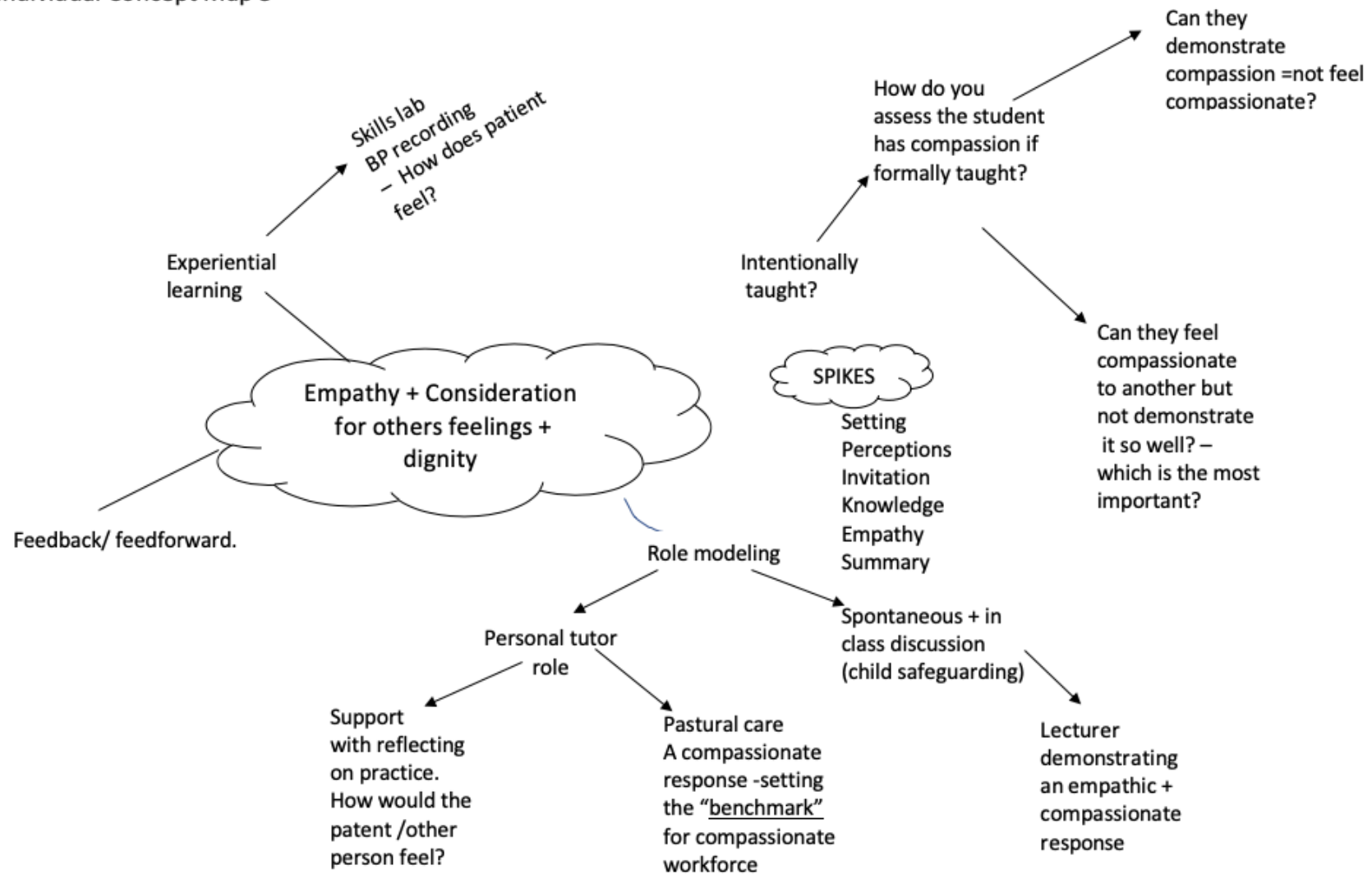
Individual Concept Map 3



Individual Concept Map 4



Individual Concept Map 5



Appendix 22: Publication Plan

Publication Plan					
Chapter	Objective	Title	Target Journal	Status	Target
Chapter 2 Critical literature review	To build on current literature on compassionate care in pre-registration nurse education.	Critical literature review of compassionate care within the pre-registration nurse education.	Nurse Education Today	In preparation	Academic Year 2020/21
Chapter 3 Methodology	To showcase the visual ethnographic approach in pre-registration nurse education.	A visual ethnographic approach using auto-drive photo-elicitation, focus group and concept maps	Nurse Education Today	In preparation	Academic Year 2020/21
Chapter 5	Disseminate within the University and the wider community of staff and researchers	Summary Report of findings and recommendations	Internal communication network	In progress	Academic year 2020/21
Chapter 4 Thesis (Findings and discussion)	To disseminate study findings and discussion.	The enactment of compassionate care by NLs within the APNC.	Nurse Education Today	In preparation	Academic Year 2020/21
Reflexive diary	To disseminate the benefits of using photographs to illicit a deeper understanding	A compassionate reflexive diary using photographs	Nurse Education today	In preparation	Academic Year 2020/21

Appendix 23: Poster Presentation

The Compassionate Mind Foundation's 6th International Conference Compassion: Integrating Therapies

The Challenges of Teaching and Learning Compassionate Care in Pre-Registration Nurse Education

Introduction

Compassionate care is a highly emotive topic and is relevant to nurse education and practice. The MMC (2015) code and the MMC (2012) standards for pre-registration education advocates the need for compassion care in practice and education. Compassion is a necessary part of human development and behaviour (Kenny 2016) and can be defined as being sensitive to others with a commitment to act (Cole-King and Gilbert 2011). Compassionate care is fundamental to nursing practice and is essential in the care of others (Bramley and Matti, 2014). Compassionate care is subjective and evokes a number of concepts (see figure 1). Despite its importance in patient care, nurses continue to be blamed for lacking compassionate care and poor practice (CQC 2015; Francis 2013; DH 2015). Student nurses are the future of nursing practice and act as a congruent between the public and the profession (Mc Sherry et al 2016). Educators are integral to the educational process (Adam and Taylor 2013) and are in the best position to provide teaching and learning to student nurses on been compassionate and so improving patient outcomes (QAA 2015, DH 2013). HEE adds that nurse educators are vital in raising standards in skills, values and competence (DH 2014).

CHALLENGES & ISSUES

Work Environment poor leadership limited resources Compassion fatigue
Target driven culture vulnerable students Organisational culture
Large group teaching Resilience Ideals & Reality of Practice
Challenging poor practice Empowered students Nurturing & Caring environment
Managing emotions Partner & educator relationships Occupational socialisation
Nursing Therapeutics Peer support self-compassion Value Base Enquiry Learning
Resources
(Figure 2)

TEACHING & LEARNING METHODS

storytelling digital narratives experiential learning blended learning
flipped learning peer support
service User Input case studies simulation letter writing podcasts Poetry,
mobile technology MOOC mobile technology webcasts webinars

(Figure 3)

Discussion

The introduction of the TEF reinforces the need to improve standards in education (DBIS 2016). Educators currently experience discord within the work setting in managing large groups of students and developing meaningful and sustainable discussions about compassionate care (Curtis 2013). There needs to be a realignment in professional ideals and the reality of practice (Curtis et al 2012), further substantiated by Crawford et al (2014) who claim there is a discrepancy between aspiration and the practice of compassionate care. Educators identified students need to be resilient in continuing to deliver compassionate care (Curtis et al 2012). Professionals need to be able to maintain standards and proficiency. Educators therefore need to be knowledgeable in the subject of compassionate care, use suitable methods for teaching, learning and assessing students; as well as evaluate the effectiveness of teaching methods (HEA 2011).

Methodology

In any research process it is important to identify appropriate literature (Pilot and Beck 2014). A desk top research was undertaken using online databases: Cumulative index to Nursing and Allied Health Literature (CINAHL), summons, ScienceDirect.

Search terms: 'compassionate care', 'compassionate care in nursing', teaching compassionate care'.

Search phrases: 'teaching compassionate care in nurse education', 'teaching and learning compassionate care', compassionate care in the nursing curriculum, teaching compassion in the nursing curriculum.

An internet search on Google search engine provided limited additional relevant studies. The search was limited to 2010, post Francis Report (2013) to current day to capture current developments on the topic. Once articles were retrieved, data was extracted and it was important to review and critique the findings. Data was analysed using thematic analysis (Aveard 2014).

Findings

Nurse education faces a number of challenges in facilitating students learning in the complexity of compassionate care (Curtis 2013). A poor working environment and leadership, limited resources can be responsible for compassion fatigue (Coetzee and Klopfer 2010) in addition the reality of a target driven culture and limited resources have left Registered Nurses (RN) compromised and students vulnerable (Curtis 2013). A diversity of backgrounds exists in modern healthcare, giving rise to different interpretations of compassionate care (Jones and Pattison 2016) and a curriculum that is inclusive of all student nurse is essential (Morgan and Houghton 2011).

There a number of challenges and issues in teaching and learning (see figure 2). These can be overcome by employing the right teaching methods which can develop students knowledge and skills in improving compassionate care. These are summarised below (figure 3):

Future & Recommendation

Pre-registration nurse education is integral to developing compassionate nurses for the future. Compassion continues to be part of the professional standards (NMC 2010, NMC 2015). The new NMC (2017) draft standards of proficiency RN and the NMC (2017) draft Standard Education Framework will be reshape the delivery of education to student nurses. Policy guidance (DH 2012), regulators feedback (CQC 2015) and legislation (Health and Social Care Act 2008) are fundamental in driving forward compassionate care. Educators will need to lead on curriculum development, refresh teaching methods and enhance teaching and learning for students so that the right values, behaviours and attitudes are developed.

Conclusion

The need for compassionate care continues to exist in an ever-changing healthcare system, which requires pre-registration nurse education to be creative and innovative in curriculum development to meet the demand for safe and quality patient care. Good leadership qualities and the right organisational culture needs to be exhibited with levels of staff and educators.

REFERENCES

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REFERENCES CONTINUED

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